



Buildings

OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

A copy of this completed notice must be retained for re-submission with results.

DEPT BLDGS Job No. 321115459



Scan Code ESHS5495971

1 Permit No. <u>321115459</u>		Document No. <u>03</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>BROOKLYN</u>		Block <u>280</u>		Lot <u>18</u> House No <u>179</u>	
2 Permit Applicant E-Mail:		Business Phone (718) 777-7795		Fax No. (718) 641-4626	
Last Name <u>KARDASAKIS</u>		First Name <u>PANAGIOTIS</u>		M.I. _____ Business Name <u>ANESIS MECHANICAL CORP</u>	
Address <u>11-12 MAIN AVENUE</u>		City <u>ASTORIA</u>		State <u>NY</u> ZIP <u>11102</u> License No. <u>2267</u> ☒ LMP ☐ LFSC	
3 Inspection Data		Inspection/test scheduled for: <u>6/4/15</u> (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: <u>21 - ROOF</u>		☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>FOB</u>			

4 Notice/Result (Select one: PL, SP, SD only)																			
Systems: Inspections						Systems: Inspections						Systems: Inspections							
Plumbing (PL)						Sprinkler (SP)						Standpipe (SD)							
Underground		Roughing		Finish		Underground		Roughing		Finish		Underground		Roughing		Finish			
Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results		
	Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐		
Water/Sanitary - PL	☐	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		
Storm - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		
Gas - PL	☐	☐	☒	☒	☐	☒	☐	☐	☐	☐	☐	Alarm Sys 64/09	☐	☐	☐	☐	☐		
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		
Tests		Results				Tests		Results				Tests		Results					
	Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		
Hydrostatic - PL	☐	☐	☐				Hydrostatic - SP	☐	☐	☐		Hydrostatic - SD	☐	☐	☐				
Water - Sanitary	☐	☐	☐				Dry Pipe Valve	☐	☐	☐		Fire Pump	☐	☐	☐				
Pressure - Water	☐	☐	☐				Booster Pump	☐	☐	☐			☐	☐	☐				
Water Storm	☐	☐	☐										☐	☐	☐				
Gas	☒	☒	☐	☒	☐	☐							☐	☐	☐				
Medical Gas	☐	☐	☐										☐	☐	☐				
				Gas Tested at psi															
				☒ 3 psi ☐ 50 psi															
				☐ 90 psi ☐ 100 psi															

Additional Information/Comments:

☐ Submitted with minor variations, described here:☐ Legalization☐ Gas to Gas Appliance Direct Replacement☐ Remove/Cap☐ Detention☐ Drywell/Retention5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s)) ☒ Gas requested for listed meters and risers

No. of Meters: <u>1</u>	Location(s) (Floor/Apt.): <u>Cellar (Existing)</u>	No. of Risers: <u>1</u>	Location(s) (Floor/Apt.): <u>Cellar thru Roof</u>	☐ Welded Gas Piping
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer				
☐ Cooking ☐ Tankless Coil ☒ HVAC ☐ Fire Place ☐ Other (describe):				

6 Certifying Applicant E-Mail:		Business Phone (718) 777-7795		Fax No. (718) 641-4626	
Last Name <u>KARDASAKIS</u>		First Name <u>PANAGIOTIS</u>		M.I. _____ Business Name <u>ANESIS MECHANICAL CORP</u>	
Address <u>11-12 MAIN AVENUE</u>		City <u>ASTORIA</u>		State <u>NY</u> ZIP <u>11102</u> License No. <u>2267</u> ☐ LMP ☐ LFSC ☐ P.E. ☐ R.A.	

7 Applicant Statements and Signatures ☐ All Comments resolved, review for sign-off ☐ All required back-up documents attached

I certify the statements herein are correct and comply with the NYC Building code. I meet the requirements of the NYC Building code as they relate to the experience requirements set forth for gas tests. I realize falsification of any statement is a misdemeanor under §28-211.1 of the Administrative code punishable by a fine or imprisonment or both and may result in removal from participation in the self-certification program and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.

Print Name of Certifying Applicant <u>PANAGIOTIS KARDASAKIS</u>		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>PANAGIOTIS KARDASAKIS</u>		SEAL	
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>			
Date <u>6.4.15</u>				Date <u>6.4.15</u>			

Reviewed by: [Signature], Date: 6/8/15, Entered by: [Signature], R.S.O. by: _____, S/O by: _____