



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.

Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
orough Queens Block 2766 Lot 65 House No 64-09 Street Name 62 Avenue

2 Permit Applicant E-Mail: amncorp@gmail.com Business Phone (718) 326-9090 Fax No. (718) 326-2784
Last Name Natkaniec First Name Andrzej M.I. M Business Name AMN Corporation
Address 60-30 56th Road City Maspeth State NY ZIP 11378 License No. 1884 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 12 / 8 / 08 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 001 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: front of bldg

4 Notice/Result (Select one: PL, SP, SD only)																									
Systems: Inspections		Plumbing (PL)						Systems: Inspections		Sprinkler (SP)						Systems: Inspections		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				
		Pass	Fail	Pass	Fail	Pass	Fail			Pass	Fail	Pass	Fail	Pass	Fail			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Sprinkler - PL																									
Water/Sanitary - PL																									
Storm - PL																									
Gas - PL																									
Medical Gas - PL																									
Tests		Notice	Results					Tests		Notice	Results					Tests		Notice	Results						
		Pass	Fail							Pass	Fail							Pass	Fail						
Hydrostatic - PL																									
Water - Sanitary																									
Pressure - Water																									
Water Storm																									
Gas																									
Medical Gas																									

Additional Information/Comments:
☐ Submitted with minor variations, described here:
☐ Legalization ☐ Gas to Gas Appliance Direct Replacement ☐ Remove/Cap ☐ Detention ☐ Drywell/Retention

5 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: Location(s) (Floor/Apt. for this inspection): No. of Risers: Location(s) (Floor/Apt. for this inspection):
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

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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 §26-124 of the Administrative code punishable by a fine or imprisonment or both and may result in removal from participation in the self-certification program a and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.

Print Name of Certifying Applicant Andrzej Natkaniec	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Andrzej Natkaniec	SEAL
Signature <i>Andrzej Natkaniec</i>		Signature <i>Andrzej Natkaniec</i>	
Date 12/9/2008		Date 12/9/2008	

Reviewed by: *MC* Date: 12/10/08 Entered by: *MC* R.S.O. by: *MC* S/O by: *MC* 12/16/08