



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. 1 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Block 14231 Lot 1240 House No 99-72 Street Name FIRST STREET

2 Permit Applicant E-Mail: CATMANPLUMBING@YAHOO.COM Business Phone (718) 460-1300 Fax No. (718) 460-1372
Last Name MIDROY First Name ROBERT M.I. A Business Name CATMAN PLUMBING INC
Address 36-05 C COLLEGE POINT BLVD City FLUSHING State NY ZIP 11354 License No. 747 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 02/08/08 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: CELLAR ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: F/O BLDG

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	Pass	Fail	Pass	Fail	Pass	Fail		
Sprinkler - PL				Sprinkler - SP				Fire Standpipe - SD											
Water/Sanitary - PL																			
Storm - PL																			
Gas - PL																			
Medical Gas - PL																			
Tests				Tests				Tests											
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																			
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: 2 Location(s) (Floor/Apt. for this inspection): OSP (2) existing No. of Risers: 2 Location(s) (Floor/Apt. for this inspection): OSP to 2nd floor
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: CATMANPLUMBING@YAHOO.COM Business Phone (718) 460-1300 Fax No. (718) 460-1372
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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 and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.
Print Name of Certifying Applicant: ROBERT A MIDROY
Signature: [Signature] Date: 02/08/08
SEAL: [Seal]
Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC): ROBERT A MIDROY
Signature: [Signature] Date: 02/08/08
SEAL: [Seal]

FOR DOB USE ONLY
Reviewed by: [Signature], Date: 02/11/08, Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]