



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.



1 Permit No. 410034234		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough queens		Block 1770		Lot 112	
House No 100-20		Street Name 39 avenue			
2 Permit Applicant E-Mail: tabrego@precision-svcs.com					
Business Phone (718) 797-5011		Fax No. (718) 4975			
Last Name buono		First Name valentino		M.I.	
Business Name precision plumbing services					
Address 63 flushing av		City brooklyn		State ny	
ZIP 11205		License No. 1762		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 03/19/09 (mm/dd/yy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: 1,2,3 floors ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting/Location: front of building					

4 Notice/Result (Select one: PL, SP, SD only)																								
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)												
Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		
	Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results	Notice	Results		
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Water/Sanitary - PL	☒	☒	☐	☒	☒	☐		☐	☐		☐	☐	☐	☐		☐	☐		☐	☐		☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐		☐	☐		☐	☐	☐	☐		☐	☐		☐	☐		☐	☐	☐
Gas - PL	☐	☐	☐	☒	☒	☐		☐	☐		☐	☐	☐	☐		☐	☐		☐	☐		☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐		☐	☐		☐	☐	☐	☐		☐	☐		☐	☐		☐	☐	☐
Tests						Tests						Tests												
Hydrostatic - PL	☐	Pass	Fail					Hydrostatic - SP	☐	Pass	Fail					Hydrostatic - SD	☐	Pass	Fail					
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												Hydrostatic 63/09 ☐ 75 Ft ☐ 100 Ft												

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.): 1st floor No. of Risers: 2 Location(s) (Floor/Apt.): 1st thru 3rd floor ☐ 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: tabrego@precision-svcs.com Business Phone (718) 797-5011 Fax No. (718) 797-4975	
Last Name buono First Name valentino M.I. Business Name precision plumbing services	
Address 63 flushing av City valentino State ny ZIP 11205 License No. 1762 ☒ 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 VALENTINO BUONO		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) VALENTINO BUONO	
Signature 		Signature 	
Date 08-4-10		Date 08-04-10	

Reviewed by: D G	Date: 8/5/10	Entered by: HJ	R.S.O. by:	S/O by:
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Must perform sprinkler hydro test.