



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. 410051571	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Queens Block 6177 Lot 20 House No 36-28	Street Name 214 Place	
2 Permit Applicant E-Mail:		Business Phone (718) 738-0967 Fax No. (718) 738-0727
Last Name Owen First Name Christopher M.I.D.		Business Name Chris Owen Plumbing & Heating Inc.
Address 96-32 Linden Blvd City Ozone Park State NY ZIP 11417		License No. 1358 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 10/14/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm		
Apts and Floors: cel, 1, 2 ☒ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: In the front of the building.		

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 Notice Results			
				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				☐				☐				☐				☐				☐			
				Gas Tested at psi																			
				☒ 3 psi ☐ 50 psi																			
				☐ 90 psi ☐ 100 psi																			

Additional Information/Comments: **Already done**

☐ 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): **ONE ENTRY AND ONE NEW RISER 2** Location(s) (Floor/Apt. for this inspection): **cellar + brooklyn 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: Business Phone (718) 738-0967 Fax No. (718) 738-0727

Last Name **Owen** First Name **Christopher** M.I.D. Business Name **Chris Owen Plumbing & Heating Inc.**

Address **96-32 Linden Blvd** City **Ozone Park** State **NY** ZIP **11417** License No. **1358** ☒ 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 Christopher Owen	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Christopher Owen	SEAL
Signature Chris Owen		Signature Chris Owen	
Date 10/29/09		Date 10/29/09	

Reviewed by: **KB** Date: **11/4** Entered by: **[Signature]** R.S.O. by: **[Signature]** S/O by: **[Signature]**