



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. A10055390 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough QUEENS Block 9786 Lot 33 House No 8A-8A Street Name 164 STREET

2 Permit Applicant E-Mail: Business Phone (718) 641-5144 Fax No. (718) 641-5299
Last Name Sparaco First Name Vincent M.I. A. Business Name Sparaco's Plumbing & Heating Inc.
Address 101-11 100 Street City Ozone Park State NY ZIP 11416 License No. 673 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 10-03-08 Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☒ 11:30 ☐ 12:30pm
Apts/Floors: 0-3-P ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: In Front Of 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		
Sprinkler - PL		Pass	Fail		Pass	Fail	Sprinkler - SP		Pass	Fail		Pass	Fail	Fire Standpipe - SD		Pass	Fail		Pass	Fail
Water/Sanitary - PL																				
Storm - PL	☒	☒																		
Gas - PL																				
Medical Gas - PL																				
Tests	Notice	Results					Tests	Notice	Results					Tests	Notice	Results				
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																				

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):

6 Certifying Applicant E-Mail: Business Phone (718) 641-5144 Fax No. (718) 641-5299
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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 Vincent A. Sparaco	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Vincent A. Sparaco	SEAL
Signature		Signature	
Date 10-23-08		Date 10-23-08	

Reviewed by: _____, Date: 10/29, Entered by: HU, R.S.O. by: _____, S/O by: _____