

DEPT. BLDGS 410071247 Job Number
SC080707626 Scan Code

OP98 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. 410071247 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough Queens Block 5407 Lot 30 House No 149-56 Street Name Beech Avenue

2 Permit Applicant E-Mail: N/A Business Phone (718) 609-6090 Fax No. (718) 609-6093
Last Name WASSERMAN First Name STEVEN M.I. Business Name C2 PLUMBING CORP.,
Address 36-33 22ND STREET City LONG ISLAND CITY State NY ZIP 11106 License No. 474 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 052809 (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: IN FRONT OF BUILDING

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	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	Pass	Fail	Pass	Fail
Sprinkler - PL								Sprinkler - SP								Fire Standpipe - SD							
Water/Sanitary - PL																							
Storm - PL																							
Gas - PL																							
Medical Gas - PL																							
Tests								Tests								Tests							
Hydrostatic - PL								Hydrostatic - SP								Hydrostatic - SD							
Water - Sanitary								Dry Pipe Valve								Fire Pump							
Pressure - Water								Booster Pump															
Water Storm																							
Gas																							
Medical Gas																							

Additional Information/Comments: Completed & resolved all 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) 609-6090 Fax No. (718) 609-6093
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Address 36-33 22ND STREET City LONG ISLAND CITY State NY ZIP 11106 License No. 474 ☒ 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 §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		SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)		SEAL
WASSERMAN STEVEN			STEVEN WASSERMAN (LMP)		
Signature			Signature		
Date 05/28/09			Date 05/28/09		

Reviewed by: Date 06/02 Entered by: H.O. R.S.O. by: RL S.O. by: du