



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. 410078801		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens		Block 1717 Lot 1		House No 33-07	
2 Permit Applicant E-Mail: Admin@Lefkeswaterworks.com		Business Phone (718) 5393515		Fax No. (718) 5393515	
Last Name Ragoussis		First Name Petros		M.I.	
Address 39-20 192 Street		City Flushing		State NY ZIP 11358	
3 Inspection Data		Inspection/test scheduled for: 05/09/11 (mnddy)		Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts and Floors: 001		☐ 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: 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	Notice	Results	Notice	Results		
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐	☐	
Water/Sanitary - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
Tests		Notice		Results				Tests		Notice		Results				Tests		Notice		Results					
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:

☐ 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.): No. of Risers: Location(s) (Floor/Apt.): ☐ 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: Admin@Lefkeswaterworks.com Business Phone (718) 5393515 Fax No. (718) 5393515

Last Name Ragoussis First Name Petros M.I. Business Name Lefkes Water Works Inc.

Address 39-20 192 Street City Flushing State NY ZIP 11358 License No. 1810 ☒ 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 Petros Ragoussis	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Petros Ragoussis	SEAL
Signature		Signature	
Date 05-09-2011		Date 05/09-2011	

Reviewed by: , Date: 5/13/11, Entered by: , R.S.O. by: D B, S/O by:

5/14/11