



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.

Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough queens Block 11325 Lot 6 House No 224-01 Street Name linden blvd

2 Permit Applicant E-Mail: Business Phone (718) 725-9622 Fax No. (718) 297-1074
Last Name DARIO First Name DIAZ M.I. Business Name FIRST CHOICE PLUMBING AND HEATING
Address 135-24 HILLSIDE AVE City RICHMOND HILL State NY ZIP 11418 License No. 1210 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 02 /02/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: cellar, 1st fl ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location: INFRONT 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		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Storm - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Gas - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Medical Gas - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Tests	Notice	Results					Tests	Notice	Results					Tests	Notice	Results					
Hydrostatic - PL		Pass	Fail				Hydrostatic - SP		Pass	Fail				Hydrostatic - SD		Pass	Fail				
Water - Sanitary		Pass	Fail				Dry Pipe Valve		Pass	Fail					Pass	Fail					
Pressure - Water		Pass	Fail				Booster Pump		Pass	Fail					Pass	Fail					
Water Storm		Pass	Fail												Pass	Fail					
Gas		Pass	Fail												Pass	Fail					
Medical Gas		Pass	Fail												Pass	Fail					

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) 725-9622 Fax No. (718) 297-1074
Last Name DIAZ First Name DARIO M.I. Business Name FIRST CHOICE PLUMBING AND HEATING
Address 135-24 HILLSIDE AVE City RICHMOND HILL State NY ZIP 11418 License No. 1210 ☒ 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 DARIO. S DIAZ	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) DARIO. S DIAZ	SEAL
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>	
Date 02.03.2009		Date 02.03.2009	

FOR DOB USE ONLY
Reviewed by: , Date: 2/4 , Entered by: , R.S.O. by: , S/O by: