

DEPT. BLDGS 410116716 Job Number
SC080911911 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. 410116716 Document No. OK Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough Queens Block 1008 Lot 42 House No. 22-47 Street Name 76 Street

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: 6/17/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: Cel 001 ☐ 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		
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))
No. of Meters: 2 Location(s) (Floor/Apt. for this inspection): (2) Existing in cellar No. of Risers: 2 Location(s) (Floor/Apt. for this inspection): (1) cellar to 1st floor
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer
☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):
☒ Gas requested for listed meters and risers

6 Certifying Applicant E-Mail: Business Phone (718) 738-0967 Fax No. (718) 738-0727
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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 CHRISTOPHER OWEN	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) CHRISTOPHER OWEN	SEAL
Signature <u>Chris Owen</u>		Signature <u>Chris Owen</u>	
Date <u>6/18/09</u>		Date <u>6/18/09</u>	

FOR DO USE ONLY
Reviewed by: RL, Date 6/23, Entered by: HL, R.S.O. by: RL, S/O by: 6/24
Revised 12-04-2006 OP98