



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.

Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough QUEENS Block 609 Lot 8 House No 34-55	Street Name 32 st

2 Permit 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

3 Inspection Data Inspection/test scheduled for: 10 /29/08 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: CEL, 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	Notice	Results						
			Pass	Fail	Pass	Fail	Pass	Fail				Pass	Fail	Pass	Fail	Pass	Fail				Pass	Fail	Pass	Fail	Pass	Fail						
Sprinkler - PL																			Fire Standpipe - SD													
Water/Sanitary - PL																																
Storm - PL																																
Gas - PL																																
Medical Gas - PL																																
Tests			Notice	Results							Tests			Notice	Results							Tests			Notice	Results						
			Pass	Fail										Pass	Fail										Pass	Fail						
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: please find ansul letter attached																																
☐ 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: 1 Location(s) (Floor/Apt. for this inspection): 1st fl	No. of Risers: 1 Location(s) (Floor/Apt. for this inspection): 1st fl	
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
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Address 135-24 HILLSIDE AVENUE	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			Signature		
Date 10.30.2008			Date 10.30.2008		

FOR DOB USE ONLY			
Reviewed by:	Date: 11/5	Entered by:	S/O by: