



707862

**OP-98 Notice/Results—Se
Sprinkler, Standpipe**
A copy of this completed notice must be

DEPT. BLDGS 410128936 Job Number
SC080625604 Scan Code

1 Permit No. 410128936 **Document No.** 01 **Permit Type** (check one only): ☒ PL ☐ SP ☐ SD ☐ AKA
Borough Queens **Block** 3323 **Lot** 59 **House No** 82-28 **Street Name** Abingdon Road

2 Permit Applicant E-Mail: csm346@hotmail.com **Business Phone** (917) 582-3180 **Fax No.** (718) 721-9448
Last Name Meimaroglou **First Name** Cleanthis **M.I. S.** **Business Name** Triad Plumbing & Mechanical Corp.
Address 42-19 19th Avenue **City** Astoria **State** N.Y. **ZIP** 11105 **License No.** 1638 ☒ LMP ☐ LFSC

3 Inspection Data **Inspection/test scheduled for:** 1/27/09 (mmddyy) **Time:** ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 2 FLOOR ☐ 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	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													
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. 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: csm346@hotmail.com **Business Phone** (917) 582-3180 **Fax No.** (718) 721-9448
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Address 42-19 19th Avenue **City** Astoria **State** NY **ZIP** 11105 **License No.** 1638 ☒ 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
Cleanthis S. Meimaroglou		Cleanthis S. Meimaroglou	
Signature		Signature	
Date		Date	

FOR DOB USE ONLY
Reviewed by: **Date:** 2/9/09 **Entered by:** **R.S.O. by:** **S/O by:**