



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. 410143368 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA

Borough QUEENS Block 3198 Lot 8 House No 93-16 Street Name 68 Ave

2 Permit Applicant E-Mail: Business Phone (718) 777-0767 Fax No. (718) 263-4231

Last Name KOULLIAS First Name NICK M.I. E Business Name YUGO MECHANICAL INC.

Address 24-26 46 Str. City ASTORIA State NY ZIP 11103 License No. 1285 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 07/23/09 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm

Apts and Floors: 1 ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FOB

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	
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
Water/Sanitary - PL																					
Storm - PL																					
Gas - PL																					
Medical Gas - PL																					
Tests	Notice	Results					Tests	Notice	Results					Tests	Notice	Results					
Hydrostatic - PL		Pass	Fail				Hydrostatic - SP		Pass	Fail				Hydrostatic - SD		Pass	Fail				
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: Business Phone (718) 777-0767 Fax No. (718) 263-4231

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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 §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 NICK KOULLIAS	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) NICK KOULLIAS	SEAL
Signature <i>Nick Koullias</i>		Signature <i>Nick Koullias</i>	
Date 09-21-09		Date 09-21-09	

Reviewed by: Date: 9/23/09 Entered by: R.S.O. by: S/O by: