



723044
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.

Permit No. **01** Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough **Queens** Block **5441** Lot **13** House No **45-53** Street Name **162 St**

2 Permit Applicant E-Mail: **info@leecru.com** Business Phone **(718) 429-0181** Fax No. **(718) 429-0214**
Last Name **Lee** First Name **Yeon** M.I. **C.** Business Name **CRU Mechanical & Heating, Inc.**
Address **104-14 Northern Blvd** City **Corona** State **NY** ZIP **11368** License No. **1485** ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: **03 / 17 / 09** (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: **1st Fl** ☒ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: .

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						Tests						Tests								
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: **info@leecru.com** Business Phone **(718) 429-0181** Fax No. **(718) 429-0214**
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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 Yeon C. Lee	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Yeon C. Lee	SEAL
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>	
Date 03/17/09		Date 03/17/09	

FOR JOB USE ONLY
Reviewed by: *[Signature]*, Date: **3/18**, Entered by: *[Signature]*, R.S.O. by: *[Signature]*, S/O by: *[Signature]*
Revised 12-04-2006 OP-98