

753954 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.

SC090529504		Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA	
Borough QUEENS	Block 8579	Lot 42	House No 247-16	Street Name 82 AVENUE

2 Permit Applicant E-Mail: Dellmech@optonline.net		Business Phone (718) 444-3671	Fax No. (718) 444-3671
Last Name Dell'Italia	First Name Enrico	M.I.	Business Name Dell Mechanical Corp.
Address 9612 Ave L	City Brooklyn	State NY	ZIP 11236 License No. 2057 ☒ LMP ☐ LFSC

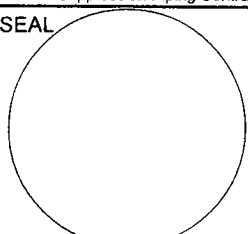
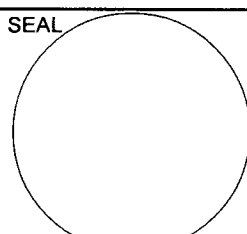
3 Inspection Data Inspection/test scheduled for: 06 / 09 / 09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 2nd ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: In front of 247-16 82 AVENUE

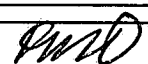
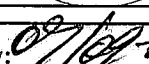
4 Notice/Result (Select one: PL, SP, SD only)																																			
Systems: Inspections			Plumbing (PL)						Systems: Inspections			Sprinkler (SP)						Systems: Inspections			Standpipe (SD)														
			Underground		Roughing		Finish					Underground		Roughing		Finish					Underground		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		Sprinkler - SP				Pass	Fail		Pass	Fail		Fire Standpipe - SD				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: Dellmech@optonline.net		Business Phone (718) 444-3671	Fax No. (718) 444-3671
Last Name Dell'Italia	First Name Enrico	M.I.	Business Name Dell Mechanical Corp.
Address 9612 Ave. L	City Brooklyn	State NY ZIP 11236	License No. 2057 ☒ 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 Enrico Dell'Italia	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Enrico Dell'Italia	SEAL
Signature 		Signature 	
Date 06/25/09		Date 06/25/09	

Reviewed by: _____, Date: _____, Entered by: _____, R.S.O. by:  S/O by: 
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