



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. 410179346 Document No. Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough QUEENS Block 16303 Lot 44 House No 314 Street Name BEACH 147TH

2 Permit Applicant E-Mail: JCAIAZZOPLUMBING@AOL.COM Business Phone (718) 531-2000 Fax No. (718) 531-1500
Last Name CAIAZZO First Name ANTHONY M.I. Business Name J. CAIAZZO PLUMBING AND HEATING CORP.
Address 1381 UTICA AVE City BROOKLYN State NY ZIP 11203 License No. 579 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 2/5/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: GROUND FLOOR AKA 15 ☐ 1:00pm ☐ 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						
			Pass	Fail	Pass	Fail	Pass	Fail				Pass	Fail	Pass	Fail	Pass	Fail				Pass	Fail	Pass	Fail	Pass	Fail						
Sprinkler - PL									Sprinkler - SP									Fire Standpipe - SD														
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: PROCESS AND REVIEW FOR SIGN OFF

☐ 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: JCAIAZZOPLUMBING@AOL.COM Business Phone (718) 531-2000 Fax No. (718) 531-1500
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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 ANTHONY CAIAZZO	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) ANTHONY CAIAZZO	SEAL
Signature		Signature	
Date 2/6/09		Date 2/6/09	

FOR DOB USE ONLY
Reviewed by: Date: Entered by: R.S.O. by: S/O by: 2/10