



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.

DEPT. BLDGS 410189282 Job Number
SC090407910 Scan Code

1 Permit No. 410189282 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough queens Block 4886 Lot 57 House No 160-35 Street Name 27 ave
2 Permit Applicant E-Mail: Business Phone (718) 229-6655 Fax No. (718) 357-7130
Last Name bellomo First Name vincent M.I. J Business Name VINCENT J BELLOMO PLUMBING CORP
Address 196-33 northern blvd City FLUSHING State ny ZIP 11358 License No. 2119 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 2/10/10 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts and Floors: cell, 1st, 2nd, attic ☐ 100pm ☐ 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							Fire Standpipe - SD						
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			Gas Tested at psi																	
Medical Gas			☐ 3 psi ☐ 50 psi																	
			☐ 90 psi ☐ 100 psi																	

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) 229-6655 Fax No. (718) 357-7130
Last Name bellomo First Name vincent M.I. J Business Name vincent j bellomo plumbing corp
Address 196-33 northern blvd City flushing State ny ZIP 11358 License No. 2119 ☒ 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 §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 VINCENT J BELLOMO	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) VINCENT J BELLOMO	SEAL
Signature Date 2-10-10		Signature Date 2-10-10	

Reviewed by: _____, Date 2-10-10, Entered by: HAO, R.S.O. by: MB, S/O by: _____