



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.

SC090505329 Scan Code Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough Queens Block 12678 Lot 32 House No 121-04 Street Name 195 street

2 Permit Applicant E-Mail: Business Phone (718) 843-1766 Fax No. (718) 641-4626
Last Name HOURIE First Name DAVID M.I. Business Name HOURIE'S PLUMBING & HEATING INC.
Address 97-51 81 STREET City QUEENS State NY ZIP 11416 License No. 1823 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 5/5/09 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 2nd Floor ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: F08

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
Sprinkler - PL																		Sprinkler - SP								
Water/Sanitary - PL																		Fire Standpipe - SD								
Storm - PL																										
Gas - PL																										
Medical Gas - PL																										
Tests			Notice	Results					Tests			Notice	Results					Tests			Notice	Results				
				Pass	Fail								Pass	Fail								Pass	Fail			
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: Business Phone (718) 843-1766 Fax No. (718) 641-4626
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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 DAVID HOURIE	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) DAVID HOURIE	SEAL
Signature <i>David Hourie</i>		Signature <i>David Hourie</i>	
Date 5.5.09		Date 5.5.09	

Reviewed by: Date: 05/08 Entered by: R.S.O. by: S/O by: