



OP98 Notice/Result
Sprinkler, Standpipe, and Gas
A copy of this completed notice is to be filed with the Department of Buildings.



ng,
results.

1 Permit No. 410224911 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough Queens Block 3617 Lot 7 House No 64-04 Street Name Palmetto Street

2 Permit Applicant E-Mail: SJVISION@NYC.RR.COM Business Phone (718) 849-4300 Fax No. (718) 805-0044
Last Name RAMANAND First Name VICTOR M.I. Business Name SJ VISION & SON PLUMBING & HEATING INC.
Address 125-03 JAMAICA AVENUE City RICHMOND HILL State NY ZIP 11418 License No. 2016 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 6/8/09 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: all ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: 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							Hydrostatic - SP						Hydrostatic - SD							
Water - Sanitary							Dry Pipe Valve						Fire Pump							
Pressure - Water							Booster Pump													
Water Storm																				
Gas																				
Medical Gas																				

Additional Information/Comments: As per permit existing meter only with
☐ Submitted with minor variations, described here: gas per allow a sign off
☐ 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: 2 Location(s) (Floor/Apt. for this inspection): cell existing No. of Risers: 2 Location(s) (Floor/Apt. for this inspection): cell existing
Gas usage: ☐ Heat ☒ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: SJVISION@NYC.RR.COM Business Phone (718) 849-4300 Fax No. (718) 805-0044
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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	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
<u>VICTOR RAMANAND</u>		<u>VICTOR RAMANAND</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	
Date: <u>6/8/2009</u>		Date: <u>6/8/2009</u>	

FOR DOB USE ONLY
Reviewed by: [Signature] Date: 6/9/09 Entered by: [Signature] R.S.O. by: [Signature] S/O by: MBW 6/14/09
Revised 12-04-2006 OP98