



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.



1 Permit No. 420039988 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Queens Block 9720 Lot 54 House No 141-07 Street Name 82 Drive
2 Permit Applicant E-Mail: greg@greggny.com Business Phone (917) 626-8992 Fax No. (212) 656-1945
Last Name Khasis First Name Gregory M.I. Business Name Gregg NY Plumbing, Inc.
Address 1747 1st Avenue City NY State NY ZIP 10128 License No. 1785 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 12/23/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts and Floors: cellar ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location:

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		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																				

Gas Tested at psi ☐ 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: greg@greggny.com Business Phone (917) 626-8992 Fax No. (212) 656-1945
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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 §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 Gregory Khasis, LMP 1785	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Gregory Khasis, LMP 1785	SEAL
Signature <i>G Khasis</i>		Signature <i>G Khasis</i>	
Date 12-23-2009		Date 12-23-2009	

Reviewed by: , Date: 12/30, Entered by: , R.S.O. by: , S/O by: HBC 11/11/10
Revised 06-01-2009 OP-98