



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.



859462

1 Permit No. 420141180		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS		Block 4923 Lot 34 House No 32-27		Street Name 167 STREET	
2 Permit Applicant E-Mail: MMANNY122@AOL.COM		Business Phone (718) 424-2524		Fax No. (718) 424-0689	
Last Name ARANDA		First Name MANUEL		M.I. Business Name ARANDA PLUMBING & HEATING CORP.	
Address 98-11 ASTORIA BLVD		City E. ELMHURST		State NY ZIP 11369 License No. 1969 ☒ LMP ☐ LFSC	
3 Inspection Data		Inspection scheduled for: 08/25/10 (mmddyy)		Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts and Floors: CEL 001,002		☐ 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: Plumbing (PL)				Systems: Sprinkler (SP)				Systems: Standpipe (SD)			
Inspections				Inspections				Inspections			
Underground				Underground				Underground			
Notice Results				Notice Results				Notice Results			
Pass Fail				Pass Fail				Pass Fail			
Sprinkler - PL				Sprinkler - SP				Fire Standpipe - SD			
☒ ☒				☐ ☐				☐ ☐			
Water/Sanitary - PL				Water/Sanitary - SP				Water/Sanitary - SD			
☒ ☒				☐ ☐				☐ ☐			
Storm - PL				Storm - SP				Storm - SD			
☐ ☐				☐ ☐				☐ ☐			
Gas - PL				Gas - SP				Gas - SD			
☒ ☒				☐ ☐				☐ ☐			
Medical Gas - PL				Medical Gas - SP				Medical Gas - SD			
☐ ☐				☐ ☐				☐ ☐			
Tests				Tests				Tests			
Notice Results				Notice Results				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				Gas Tested at psi							
☒ ☒				☒ 3 psi ☐ 50 psi							
Medical Gas				☐ 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: 1 Location(s) (Floor/Apt. for this inspection): existing at cellar No. of Risers: 1 Location(s) (Floor/Apt. for this inspection): cellar to first(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: MMANNY122@AOL.COM Business Phone (718) 424-2524 Fax No. (718) 424-0689

Last Name ARANDA First Name MANUEL M.I. Business Name ARANDA PLUMBING & HEATING CORP.

Address 98-11 Astoria Blvd City E. ELMHURST State NY ZIP 11369 License No. 1969 ☒ 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	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
Manuel Aranda		Manuel Aranda	
Signature		Signature	
Date		Date	
08-26-2010		08-26-2010	

Reviewed by: ST Date: 08-27 Entered by: M R.S.O. by: S/O by:

G/A reviewed no mention of the dryer on this application