



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.420281545		Document No.01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS		Block 770 Lot 24 House No 21-21		Street Name 46 STREET	
2 Permit Applicant E-Mail: clwinning@yahoo.com Business Phone (718) 737-3428 Fax No. (347) 923-3335					
Last Name MONACO		First Name DOMINICK		M.I. J Business Name CALA/SACCO MECHANICAL, INC.	
Address 36-09 Main St.#7D		City Flushing		State NY ZIP 11354 License No. 1057 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 06/03/11 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: BASEMENT ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: 46B					

4 Notice/Result (Select one: PL, SP, SD only)											
Systems: Inspections				Systems: Inspections				Systems: Inspections			
Plumbing (PL)				Sprinkler (SP)				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 Pass Fail Pass Fail			
Sprinkler - PL				Sprinkler - SP				Fire Standpipe - SD			
Water/Sanitary - PL											
Storm - PL											
Gas - PL											
Medical Gas - PL								Alarm Sys 64/09			
Tests				Tests				Tests			
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 Pass Fail Pass Fail			
Hydrostatic - PL				Hydrostatic - SP				Hydrostatic - SD			
Water - Sanitary				Dry Pipe Valve				Fire Pump			
Pressure - Water				Booster Pump							
Water Storm											
Gas								Hydrostatic 63/09			
Medical Gas								☐ 75 Ft ☐ 100 Ft			

Additional Information/Comments: Request to sign off based on the violation status, job description states legalization of the plumbing

☐ Submitted with minor variations, described here: fixtures.

☒ 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.): BSMT (1) EXISTING		No. of Risers: 1 Location(s) (Floor/Apt.): BASEMENT TO 1ST FL ☐ Welded Gas Piping	
Gas usage:		☒ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☒ Dryer			
☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):					
6 Certifying Applicant E-Mail: clwinning@yahoo.com Business Phone (718) 737-3428 Fax No. (347) 923-3335					
Last Name Monaco		First Name Dominick		M.I. J Business Name Cala/Sacco Mechanical, Inc.	
Address 36-09 Main St.#7D		City Flushing		State NY ZIP 11354 License No. 1057 ☒ 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	
Dominick J Monaco			
Signature		Signature	
Date 06-21-2011		Date 06-21-2011	
Reviewed by: [Signature]		Reviewed by: [Signature]	
Date 6/23/11		Date 6/23/11	
Entered by: [Signature]		Entered by: [Signature]	
R.S.O. by: [Signature]		R.S.O. by: [Signature]	
S/O by: [Signature]		S/O by: [Signature]	