

rejected 10/5/11



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.



964681

1 Permit No. 420285514-01-pl		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens		Block 3054 Lot 32 House No 66-62		Street Name 71 Street	
2 Permit Applicant E-Mail: _____ Business Phone (718) 376-2666 Fax No. (718) 376-4910					
Last Name Abramo		First Name Louis		M.I. _____ Business Name Orbit Plumbing & Heating Inc	
Address 2341 Mc Donald Ave		City Brooklyn		State NY ZIP 11223 License No. 957 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 09/28/11 (mm/dd/yy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CELLAR, 1ST, 2ND ☒ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FOB					

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			
Sprinkler - PL				☐				☐				☐				☐				☐			
Water/Sanitary - PL				☐				☐				☐				☐				☐			
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				☐				☐			
Water - Sanitary				☐				☐				Dry Pipe Valve				☐				☐			
Pressure - Water				☐				☐				Booster Pump				☐				☐			
Water Storm				☐				☐															
Gas				☐				☐															
Medical Gas				☐				☐															
				Gas Tested at psi																			
				☒ 3 psi ☐ 50 psi																			
				☐ 90 psi ☐ 100 psi																			

Additional Information/Comments: **Cap & remove: bathtub on 1st fl, cooking equip. and k. sink on 2 fl, gas meter in cell, cook on 1st floor.**

☐ 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.): **cellar** No. of Risers: **1** Location(s) (Floor/Apt.): **cell/cell** ☐ 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: _____ Business Phone (718) 376-2666 Fax No. (718) 376-4910

Last Name **Abramo** First Name **Louis** M.I. _____ Business Name **Orbit Plumbing & Heating Inc**

Address **2341 McDonald Ave** City **Brooklyn** State **NY** ZIP **11223** License No. **957** ☒ 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 Louis Abramo		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Louis Abramo		SEAL	
Signature				Signature			
Date 09.29.2011				Date			

FOR DOB USE ONLY
Reviewed by: _____ Date: **10/4** Entered by: **MM** R.S.O. by: **MBL** S/O by: _____

How is Hot Water made in Building?

NYC DEPT. OF BUILDINGS
PLUMBING UNIT
RECEIVED
2011 OCT -11