

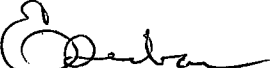
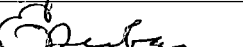
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1 Permit No. 420340465 Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens Block 6811 Lot 5 House No 64-51	Street Name 266 St.		
2 Permit Applicant E-Mail: DWPLUMBING@AOL.COM		Business Phone (718) 279-4981 Fax No. (718) 847-1516	
Last Name ESCOBAR First Name DANIEL M.I. J	Business Name THE PLUMBING CO INC		
Address 56-21 MARATHON PK City DOUGLASTON State NY ZIP 11362 License No. 1950	☒ LMP ☐ LFSC		
3 Inspection Data Inspection/test scheduled for: 10/21/11 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: 4th, cellar, OSP, 1 + 2 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IN FRONT OF BLDG			

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												
Sprinkler - PL Water/Sanitary - PL Storm - PL Gas - PL Medical Gas - PL			Pass	Fail		Pass	Fail		Pass	Fail	Sprinkler - SP			Pass	Fail		Pass	Fail		Pass	Fail	Fire Standpipe - SD Alarm Sys 64/09			Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail
			☒			☒																													
						☒																													
Tests Hydrostatic - PL Water - Sanitary Pressure - Water Water Storm Gas Medical Gas		Notice	Results				Tests Hydrostatic - SP Dry Pipe Valve Booster Pump		Notice	Results				Tests Hydrostatic - SD Fire Pump Hydrostatic 63/09		Notice	Results				NYC DEPT. OF BUILDINGS PLUMBING UNIT RECEIVED 2011 OCT 24 P 12:38 ☐ 75 Ft ☐ 100 Ft														
			Pass	Fail		Pass			Fail		Pass	Fail																							
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: <u>1</u> Location(s) (Floor/Apt.): <u>OSP</u>		No. of Risers: <u>1</u> Location(s) (Floor/Apt.): <u>OSP cel. 1 + attic</u>		☐ 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: <u>DWPLUMBING@AOL.COM</u> Business Phone <u>(718) 279-4981</u> Fax No. <u>(718) 847-1516</u>					
Last Name <u>ESCOBAR</u> First Name <u>DANIEL</u>		M.I. <u>J</u> Business Name <u>THE PLUMBING CO INC</u>			
Address <u>56-21 MARATHON PK</u> City <u>DOUGLASTON</u>		State <u>NY</u> ZIP <u>11362</u> License No. <u>1950</u> ☒ 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 DANIEL J ESCOBAR	SEAL 
Signature 	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) DANIEL J ESCOBAR
Date 10/21/11	Signature 
	Date 10/21/11

FOR DOB USE ONLY
Reviewed by: _____, Date: 10/25/11, Entered by: (signature), R.S.O. by: _____, S/O by: _____