



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. 420371751		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS		Block 5763 Lot 19 House No 21-04		Street Name UTOPIA PARKWAY	
2 Permit Applicant E-Mail: Catmanplumbing@yahoo.com Business Phone (718) 460-1300 Fax No. (718) 460-1372					
Last Name Midroy		First Name Robert		M.I. A Business Name Catman Plumbing Inc	
Address 36-05c College point		City Flushing		State NY ZIP 11354 License No. 747 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 10/31/11 (mm/dd/yyyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☒ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: BAS, 01, 02 FLOOR ☐ 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: 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tests						Tests						Tests					
Notice		Results				Notice		Results				Notice		Results			
	Pass Fail		Pass Fail				Pass Fail		Pass Fail				Pass Fail		Pass Fail		
Hydrostatic - PL	☐	☐	☐				☐	☐	☐				☐	☐	☐		
Water - Sanitary	☐	☐	☐				☐	☐	☐				☐	☐	☐		
Pressure - Water	☐	☐	☐				☐	☐	☐				☐	☐	☐		
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: **2** Location(s) (Floor/Apt.): **BASEMENT** No. of Risers: **2** Location(s) (Floor/Apt.): **BASEMENT, 1ST & 2ND F** ☐ 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: **Catmanplumbing@yahoo.com** Business Phone **(718) 460-1300** Fax No. **(718) 460-1372**

Last Name **Midroy** First Name **Robert** M.I. **A** Business Name **Catman plumbing Inc**

Address **36-05c College point** City **Flushing** State **NY** ZIP **11354** License No. **747** ☒ 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 Midroy A. Robert	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Midroy A. Robert	SEAL
Signature <i>Robert A. Midroy</i>		Signature <i>Robert A. Midroy</i>	
Date 10/31/2011		Date 10/31/2011	

Reviewed by: **MBU**, Date: **11/3/11**, Entered by: **MBU**, R.S.O. by: **MBU**, S/O by: **MBU**