



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. 420458276 **Document No.** 01 **Permit Type (check one only):** ☒ PL ☐ SP ☐ SD ☐ LAA

Borough Queens **Block** 4581 **Lot** 5 **House No** 160-29 **Street Name** 12 Rd

2 Permit Applicant E-Mail: Business Phone (718) 204-2556 Fax No. (718) 843-1237

Last Name Trombetta **First Name** Andrew **M.I.** Business Name S. K. Piping & Heating Corp

Address 12-01 Astoria Blvd. **City** L.I.C. **State** NY **ZIP** 11102 **License No.** 16071 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 9/30/11 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm

Apts and Floors: Cellar, 2 ☐ 1:00pm ☐ 1:30 ☒ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: Front

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							Sprinkler - SP							Fire Standpipe - SD						
Water/Sanitary - PL	☒	☒	☒	☒																
Storm - PL	☐	☐	☐	☐																
Gas - PL	☐	☐	☒	☒																
Medical Gas - PL	☐	☐	☐	☐										Alarm Sys 64/09						
Tests	Notice	Results					Tests	Notice	Results					Tests	Notice	Results				
Hydrostatic - PL	☐	☐					Hydrostatic - SP	☐	☐					Hydrostatic - SD	☐	☐				
Water - Sanitary	☐	☐					Dry Pipe Valve	☐	☐					Fire Pump	☐	☐				
Pressure - Water	☐	☐					Booster Pump	☐	☐											
Water Storm	☐	☐																		
Gas	☐	☐																		
Medical Gas	☐	☐																		

Additional Information/Comments: Correction in "pipes"

☐ 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: Location(s) (Floor/Apt.): Cellar **No. of Risers:** Location(s) (Floor/Apt.): Cellar ☐ 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) 204-2556 Fax No. (718) 843-1237

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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 Andrew Trombetta	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Andrew Trombetta	SEAL
Signature		Signature	
Date 10/3/11		Date 10/3/11	

Reviewed by: , **Date:** 10/3 , **Entered by:** mt , **R.S.O. by:** , **S/O by:**