



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.

DEPT BLDGS 420460067 Job Number



ESHS3599983 Scan Code



1 Permit No. 420460067		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens		Block 16350 Lot 400 House No 32		Street Name Kildare Walk	
2 Permit Applicant E-Mail jjmservicesinc@aol.com		Business Phone (718) 998-9200		Fax No (718) 998-5762	
Last Name McCarthy		First Name John		MI	
Address 3334 Nostrand Avenue		City Brooklyn		State NY ZIP 11229 License No 1741	
3 Inspection Data		Inspection/test scheduled for 01/12/15 (mmddyy)		Time ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts and Floors. OSP, 001		☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location: In front of location			

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					Pass	Fail		Pass	Fail									
Sprinkler - PL									Sprinkler - SP									Fire Standpipe - SD																	
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												Hydrostatic - SD											
Water - Sanitary												Dry Pipe Valve												Fire Pump											
Pressure - Water												Booster Pump																							
Water Storm																																			
Gas																																			
Medical Gas																																			

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: 1 Location(s) (Floor/Apt.): OSP												No. of Risers: 1 Location(s) (Floor/Apt.): OSP, 001												☐ Welded Gas Piping											
Gas usage ☒ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer																																			
☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☒ Other (describe): dom w tank																																			

6 Certifying Applicant E-Mail: jjmservicesinc@aol.com		Business Phone (718) 998-9200		Fax No. (718) 998-5762	
Last Name McCarthy		First Name John		MI	
Address 3334 Nostrand Ave		City Brooklyn		State NY ZIP 11229 License No. 1741	
				☒ 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 statements 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 John McCarthy		SEAL	
Signature		Signature	
Date 01/13/2015		Date 01/13/2015	

Reviewed by: J C		Date: 1/24/15		Entered by: [Signature]		R.S.O. by: [Signature]		S/O by: [Signature]	
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