



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.420483168		Document No.01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS		Block 8871 Lot 32 House No 91-03		Street Name 86 DRIVE	
2 Permit Applicant E-Mail: cjaramillo@amdassociates.net Business Phone (718) 850-3473 Fax No. (718) 625-0001					
Last Name JARAMILLO		First Name CARLOS		M.I. Business Name AMD&ASSOCIATES,INC.	
Address 87-11 123RD STREET		City RICHMOND HILL		State NY ZIP 11418 License No. 2192 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 05/21/14 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: cellar, 1st ☐ 1:00pm ☐ 1:30 ☒ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IN FRONT OF BUILDING					

4 Notice/Result (Select one: PL, SP, SD only)																							
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)											
Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish	
	Notice	Results	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						Tests						Tests											
	Notice	Results						Notice	Results						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																							
Gas Tested at psi: ☐ 3psi ☐ 50psi ☐ 90psi ☐ 100psi												Hydrostatic 63/09 ☐ 75 Ft ☐ 100-Ft											

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: Location(s) (Floor/Apt.): No. of Risers: Location(s) (Floor/Apt.): ☐ 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: **cjaramillo@amdassociates.net** Business Phone **(718) 850-3473** Fax No. **(718) 625-0001**

Last Name **JARAMILLO** First Name **CARLOS** M.I. Business Name **AMD & ASSOCIATES INC.**

Address **87-11 123RD ST** City **RICHMOND HILL** State **N** ZIP **11418** License No. **2192** ☒ 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 CARLOS JARAMILLO	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) CARLOS JARAMILLO	SEAL
Signature		Signature	
Date 05-21-14		Date 05-21-14	

FOR DOB USE ONLY