



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. 420513144-01-PL Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA

Borough QUEENS Block 4978 Lot 25 House No 37-08 Street Name UNION STREET

2 Permit Applicant E-Mail: chris@bayridgemechanical.com Business Phone (718) 836-8033 Fax No. (718) 836-2731

Last Name Tsamasiros First Name Christos M.I. Business Name Bay Ridge Mechanical Corp.

Address 50 Androvette St City Staten Island State NY ZIP 10309 License No. 1768 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 10/15/14 (mm/dd/yy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm

Apts and Floors: roof ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: in front of building

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		
Sprinkler - PL							Sprinkler - SP													
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																				

Gas Tested at psi
☒ 3 psi ☐ 50 psi
☐ 90 psi ☐ 100 psi

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: chris@bayridgemechanical.com Business Phone (718) 836-8033 Fax No. (718) 836-2731

Last Name Tsamasiros First Name Christos M.I. Business Name Bay Ridge Mechanical Corp.

Address 50 Androvette St City Staten Island State NY ZIP 10309 License No. 1768 ☒ 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 Christos Tsamasiros	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Christos Tsamasiros	SEAL
Signature		Signature	
Date 10-11-2014		Date 10-11-2014	

FOR DOB USE ONLY
Reviewed by: m Date: 10-21-14 Entered by: R.S.O. by: S/O by: