



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.



116 5990

1 Permit No. <u>420561662</u> Document No. <u>01</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Queens</u> Block <u>8341</u> Lot <u>1</u> House No <u>25102</u>	Street Name <u>58th Avenue</u>		
2 Permit Applicant E-Mail: <u>aqueductplumbingny@gmail.com</u>		Business Phone <u>(718) 2780368</u> Fax No. <u>(718) 2672722</u>	
Last Name <u>Koullias</u> First Name <u>Nick</u> M.I.	Business Name <u>Aqueduct Plumbing & Mechanical Corp</u>		
Address <u>24-26 46th street</u> City <u>Astoria</u> State <u>NY</u> ZIP <u>11103</u>	License No. <u>1285</u> ☒ LMP ☐ LFSC		
3 Inspection Data Inspection/test scheduled for <u>09-24-13</u> (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: <u>asp</u> ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>front of building</u>			

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	☐	☐	☐	☐	☐	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	☐	☐	☐										☐	☐	☐	☐	☐

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: aqueductplumbingny@gmail.com Business Phone (718) 2780368 Fax No. (718) 2672722

Last Name <u>Koullias</u> First Name <u>Nick</u> M.I.	Business Name <u>Aqueduct Plumbing & Mechanical Corp</u>		
Address <u>24-26 46th street</u> City <u>Astoria</u> State <u>ny</u> ZIP <u>11103</u> License No. <u>1285</u>	☒ 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 <u>Nick Koullias</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>Nick Koullias</u>	SEAL
Signature <u>Nick Koullias</u>		Signature <u>Nick Koullias</u>	
Date <u>09-25-2013</u>		Date <u>09-25-2013</u>	

FOR DOB USE ONLY	Reviewed by: _____	Date: <u>09/25/13</u>	Entered by: <u>PT</u>	R.S.O. by: _____	S/O by: <u>PT</u>
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