

**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. 420605642-01-PL Document No. 01 Permit Type (check one only): ☐ PL ☐ SP ☐ SD ☒ LAA  
Borough QUEENS Block 10054 Lot 23 House No 146-15 Street Name SOUTH ROAD  
2 Permit Applicant E-Mail: PJM41659@AOL.COM Business Phone (718) 579-0700 Fax No. (718) 441-5782  
Last Name MICELI First Name PETER M.I. Business Name PETER MICELI PLUMBING  
Address 5337 PRESTON CT City BROOKLYN State NY ZIP 11234 License No. 1824 ☒ LMP ☐ LFSC  
3 Inspection Data Inspection/test scheduled for: 04/25/14 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm  
Apts and Floors: OSP, CELL, 001, 002, ATT ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT OF BUILDING

4 Notice/Result (Select one: PL, SP, SD only)

| Systems:<br>Inspections | Plumbing (PL)                       |                                     |                                     |                                     |                                     |                                     | Systems:<br>Inspections | Sprinkler (SP) |           |          |         |        |                     | Systems:<br>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          |                |           |          |         |        | Fire Standpipe - SD |                         |                |         |          |         |        |  |
| Water/Sanitary - PL     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Storm - PL              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Gas - PL                |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Medical Gas - PL        |                                     |                                     |                                     |                                     |                                     |                                     |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Tests                   | Notice                              | Results                             |                                     |                                     |                                     |                                     | Tests                   | Notice         | Results   |          |         |        | Tests               | Notice                  | Results        |         |          |         |        |  |
| Hydrostatic - PL        |                                     | Pass Fail                           |                                     |                                     |                                     |                                     | Hydrostatic - SP        |                | Pass Fail |          |         |        | Hydrostatic - SD    |                         | Pass Fail      |         |          |         |        |  |
| Water - Sanitary        |                                     |                                     |                                     |                                     |                                     |                                     | Dry Pipe Valve          |                |           |          |         |        | Fire Pump           |                         |                |         |          |         |        |  |
| Pressure - Water        |                                     |                                     |                                     |                                     |                                     |                                     | Booster Pump            |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Water Storm             |                                     |                                     |                                     |                                     |                                     |                                     |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Gas                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |
| Medical Gas             |                                     |                                     |                                     |                                     |                                     |                                     |                         |                |           |          |         |        |                     |                         |                |         |          |         |        |  |

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

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: 02 Location(s) (Floor/Apt.): CELL No. of Risers: 02 Location(s) (Floor/Apt.): CELL 001, 002 ☐ Welded Gas Piping  
Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☒ Dryer  
☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

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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<br>PETER MICELI | SEAL | Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)<br>PETER MICELI | SEAL |
| Signature                                          |      | Signature                                                                                        |      |
| Date<br>04-28-2014                                 |      | Date<br>04-28-2014                                                                               |      |

Reviewed by: MJC, Date: 4/29, Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]