



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.



1229559

1 Permit No. 420825637 Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens Block 11650 Lot 6 House No 123-14		Street Name Linden Blvd.	
2 Permit Applicant E-Mail:		Business Phone (718) 225-4803 Fax No. (718) 847-1516	
Last Name QUINN First Name JASON M.I. W		Business Name The Plumbing & Heating Specialist, Inc	
Address 56-21 MARATHON PK City DOUGLASTON State NY ZIP 11362		License No. 2161 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 5/8/14 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: OSP ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IN FRONT OF BLDG			

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

Additional Information/Comments: **Objection Resolved, water san. finish done in error.**☐ 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: Business Phone (718) 225-4803 Fax No. (718) 847-1516

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Address 56-21 MARATHON PK City DOUGLASTON State NY ZIP 11362 License No. 2161	☒ 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 JASON W QUINN	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) JASON W QUINN	SEAL
Signature 		Signature 	
Date 5/8/14		Date 5/8/14	

Reviewed by: **MSW**, Date: **5/15**, Entered by: **MSW**, R.S.O. by: **MSW**, S/O by: **MSW**