



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.

DEPT BLDGS Job No. 420867967



Scan Code ESHS9701797

1 Permit No. 420867967		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS		Block 10059 Lot 7		House No 147-22	
Street Name 105 AVENUE					
2 Permit Applicant E-Mail: CAPE4008@YAHOO.COM					
Last Name CASH		First Name GERI		M.I. K	
Business Phone (718) 882-1281		Fax No. (718) 655-7339			
Address 4008 Bronxwood Ave		City BRONX		State NY ZIP 10466	
License No. 001137		☒ LMP ☐ LFSC			
3 Inspection Data Inspection/test scheduled for: 02/24/15 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CEL 001 002 ☐ 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: 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																	
Alarm Sys 64/09																	
Tests						Tests						Tests					
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
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 risersNo. of Meters: 1 Location(s) (Floor/Apt.): CELLAR EXISTING No. of Risers: 1 Location(s) (Floor/Apt.): CEL THRU 1 ☐ Welded Gas PipingGas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☐ Dryer☒ Cooking ☐ Tankless Coil ☒ HVAC ☐ Fire Place ☐ Other (describe):**6 Certifying Applicant** E-Mail: CAPE4008@YAHOO.COM Business Phone (718) 882-1281 Fax No. (718) 655-7339

Last Name CASH First Name GERI M.I. K Business Name CAPE PLUMBING INC

Address 4008 Bronxwood Ave City BRONX State NY ZIP 10466 License No. 001137 ☒ 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		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)		SEAL	
GERI CASH				GERI CASH			
Signature				Signature			
Date				Date			
2/27/15				2/27/15			

Reviewed by: DC, Date: 3/3/16, Entered by: 3/5/15 R.S.O. by: _____, S/O by: _____