



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. 420904686		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough QUEENS	Block 9505	Lot 71	House No 103-37	Street Name 101 st	
2 Permit Applicant E-Mail: Barmorrehab@verizon.net		Business Phone (212) 579-0859		Fax No. (212) 579-0859	
Last Name MILLER	First Name MORRIS	M.I.	Business Name BARON PLG AND GEN CONT. INC		
Address 470 CONVENT AVE, 2		City MANHATTAN	State NY	ZIP 10031	License No. 10535 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 12/13/13 (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: 01 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location:					

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	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				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																															

Additional Information/Comments: FOR SIGN-OFF PURPOSE ONLY. THANK YOU.

☐ 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.):	
Gas usage:		☐ Heat	☐ Boiler Pilot for oil burner	☐ Water Heater	☐ Dryer
☐ Cooking		☐ Tankless Coil	☐ HVAC	☐ Fire Place	☐ Other (describe):
6 Certifying Applicant E-Mail: Barmorrehab@verizon.net					
Last Name MILLER		First Name MORRIS		M.I.	
Address 470 CONVENT AVE, 2		City NY		State NY	
		ZIP 10031		License No. 10535 ☒ 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	
MORRIS MILLER			
Signature		Signature	
Date 12-16-2013		Date 12-16-2013	

Reviewed by: _____, Date: _____, Entered by: _____, R.S.O. by: _____, S/O by: 12/16/13