



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.

1391439

DEPT BLDGS Job No. 421020576



Scan Code ESHS2843999



1 Permit No. <u>421020576</u> Document No. <u>1</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Queens</u> Block <u>9520</u> Lot <u>29</u> House No <u>115-09</u>		Street Name <u>Liberty Avenue</u>	
2 Permit Applicant E-Mail: <u>raheating@gmail.com</u>		Business Phone (718) <u>932-3766</u> Fax No. (718) <u>267-1830</u>	
Last Name <u>Del Carro</u> First Name <u>Rino</u> M.I. _____		Business Name <u>R & A Heating and Contracting Co., Inc</u>	
Address <u>25-94 46 Street</u> City <u>Astoria</u> State <u>NY</u> ZIP <u>11103</u> License No <u>910</u>		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: <u>10/22/15</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>1* Floor</u> ☐ 100pm ☐ 1:30 ☒ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>In front of the building.</u>			

4 Notice/Result (Select one: PL, SP, SD only)													
Systems: <u>Plumbing (PL)</u>													
Inspections	Underground		Roughing		Finish		Inspections	Underground		Roughing		Finish	
	Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results
	Pass	Fail	Pass	Fail	Pass	Fail		Pass	Fail	Pass	Fail	Pass	Fail
Sprinkler - PL							Sprinkler - SP						
Water/Sanitary - PL													
Storm - PL													
Gas - PL													
Medical Gas - PL													
Tests							Tests						
	Notice	Results						Notice	Results				
	Pass	Fail						Pass	Fail				
Hydrostatic - PL							Hydrostatic - SP						
Water - Sanitary							Dry Pipe Valve						
Pressure - Water							Booster Pump						
Water Storm													
Gas													
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	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: <u>raheating@gmail.com</u>		Business Phone (718) <u>932-3766</u> Fax No. (718) <u>267-1830</u>	
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Address <u>25-94 46 Street</u> City <u>Astoria</u> State <u>ny</u> ZIP <u>11103</u> License No <u>910</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		SEAL	
<u>Rino Del Carro</u>			
Signature <u>Rino Del Carro</u>		Signature <u>Rino Del Carro</u>	
Date <u>10/26/15</u>		Date <u>10/26/15</u>	

Reviewed by: <u>DC</u>	Date: <u>10/28/15</u>	Entered by: <u>80</u>	R.S.O. by: _____	S/O by: _____
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