



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. 440114172 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Queens Block 198 Lot 37 House No 47.12 Street Name 41 Street
2 Permit Applicant E-Mail: Business Phone (718) 215-5411 Fax No. (718) 641-4626
Last Name THOMPSON First Name MATTHEW M.I. Business Name OLYMPIA PLBING & HTG CORP
Address 24-63 46 ST City ASTORIA State NY ZIP 11103 License No. 2369 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 2-21-14 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts and Floors: Cellar ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: F06

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		
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		Pass	Fail		
Water/Sanitary - PL																				
Storm - PL																				
Gas - PL																				
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																				
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 risers
No. of Meters: Location(s) (Floor/Apt.): No. of Risers: Location(s) (Floor/Apt.): ☐ Welded Gas Piping
Gas usage: ☐ Heat ☐ Boiler Pilot or oil burner ☐ Water Heater ☐ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: Business Phone (718) 215-5411 Fax No. (718) 641-4626
Last Name THOMPSON First Name MATTHEW M.I. Business Name OLYMPIA PLBING & HTF CORP
Address 24-63 46 ST City ASTORIA State NY ZIP 11103 License No. 2369 ☒ 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 <u>MATTHEW THOMPSON</u> Signature <u>Matthew Thompson</u> Date <u>2-21-14</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>MATTHEW THOMPSON</u> Signature <u>Matthew Thompson</u> Date <u>2-21-14</u>	SEAL
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Reviewed by: ML Date: 3-21 Entered by: 3/21/14 R.S.O. by: ML S.O. by: ML