



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

1396745

DEPT BLDGS Job No. 440251521



Scan Code ESHS6810654

1 Permit No. 440251521		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Queens		Block 12277 Lot 01		House No 131-10	
Street Name Guy R Brewer Blvd					
2 Permit Applicant E-Mail: mwasoff18@gmail.com					
Business Phone (718) 387-1400		Fax No. (516) 739-2748			
Last Name Wasoff		First Name Marvin		M.I.	
Business Name Wasoff Plumbing & Utility Co., Inc					
Address 36-05C College Pt Blvd		City Flushing		State NY	
ZIP 11354		License No. 868		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for 11/09/15 (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: In Front	

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	Notice	Results	Notice	Results	Notice	Notice	Results	Notice	Results	Notice
	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					Tests					Tests				
Notice		Results			Notice		Results			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:

☐ 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: **mwasoff18@gmail.com** Business Phone **(718) 387-1400** Fax No. **(516) 739-2748**

Last Name **Wasoff** First Name **Marvin** M.I. Business Name **Wasoff Plumbing & Utility Co., Inc.**

Address **36-05C College Pt Blvd** City **Flushing** State **NY** ZIP **11354** License No. **868** ☒ 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 Marvin Wasoff, LMP	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Marvin Wasoff, LMP	SEAL
Signature		Signature	
Date 11-09-2015		Date 11-09-2015	

Reviewed by: **DB**, Date: **11/24/15**, Entered by: **11-24-15**, R.S.O. by: _____, S/O by: _____