



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. 5PL008785		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Staten Island		Block 7596 Lot 188 House No 39		Street Name Pilot Lane	
2 Permit Applicant E-Mail:		Business Phone (718) 948-4500		Fax No. (718) 967-9596	
Last Name Bocchieri		First Name John		M.I. A Business Name Duo Plumbing & Heating	
Address 88 Kreisher street		City Staten Island		State NY ZIP 10309 License No. 1649 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 2/19/10 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: osp, 1,2 floors ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: 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	Notice	Results	Notice	Results		
	Pass Fail		Pass Fail		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								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: 1 Location(s) (Floor/Apt. for this inspection): osp						No. of Risers: 1 Location(s) (Floor/Apt. for this inspection): 1,2 Floor					
Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer											
☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):											
6 Certifying Applicant E-Mail:						Business Phone (718) 948-4500 Fax No. (718) 967-9596					
Last Name Bocchieri First Name John M.I. A Business Name Duo Plumbing & Heating											
Address 88 Kreisher street City Staten Island State NY ZIP 10309 License No. 1649 ☒ 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 John A Bocchieri		SEAL	
Signature		Signature	
Date 02-19-2010		Date 02-19-2010	
Reviewed by: , Date: , Entered by: , R.S.O. by: , S/O by:			