



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.



DEPT. BLDGS 510012567 Job Number

SC090910024 Scan Code

1 Permit No. 510012567		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Staten Island Block 5248 Lot 21 House No 17		Street Name Hilltop Place			
2 Permit Applicant E-Mail: fscaran@aol.com		Business Phone (718) 984-0805		Fax No. (718) 966-5586	
Last Name Scarangelo First Name Frank M.I.		Business Name Scaran plumbing Co.			
Address 6767 Amboy Road City Staten Island State NY ZIP 10309		License No. 1312		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 4/11/10 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: OSP ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: Front Entrance					

4 Notice/Result (Select one: PL, SP, SD only)																									
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)													
Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		Inspections		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		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	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	Alarm Sys 64/09	☐	☐	☐	☐	☐	☐	☐	☐	☐
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 Tested at psi					☐	☐	☐						☐	☐	☐						
Gas	☐	☐	☐	☐ 3 psi ☐ 50 psi					☐	☐	☐						☐	☐	☐						
Medical Gas	☐	☐	☐	☐ 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 risersNo. of Meters: Location(s) (Floor/Apt.): No. of Risers: Location(s) (Floor/Apt.): ☐ Welded Gas PipingGas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):**6 Certifying Applicant** E-Mail: **fscaran@aol** Business Phone **(718) 984-0805** Fax No. **(718) 966-5586**Last Name **Scarangelo** First Name **Frank** M.I. Business Name **Scaran Plumbing Co**Address **6767 Amboy Road** City **Staten Island** State **NY** ZIP **10309** License No. **1312** ☒ 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

Frank Scarangelo

SEAL

Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)

Frank Scarangelo

SEAL

Signature

Signature

Date

Date

Reviewed by: **[Signature]**, Date: **4/14**, Entered by: **[Signature]**, R.S.O. by: **[Signature]**, S/O by: **[Signature]**