



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. 520038593		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough staten island		Block 6712	Lot 260	House No 35	
Street Name JOHANNA LOOP					
2 Permit Applicant E-Mail: patriotplumbingnyc@msn.com					
Business Phone (718) 984-5880		Fax No. (718) 984-5898			
Last Name manzella		First Name salvatore		M.I.	
Business Name Patriot Plumbing & heating					
Address 4044 hylan blvd		City staten island		State ny	
ZIP 10308		License No. #1955		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 8/20/10 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☒ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: osp ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: in front of house					

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	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail													
Sprinkler - PL			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													
Water/Sanitary - PL			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													
Storm - PL			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													
Gas - PL			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													
Medical Gas - PL			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐													
Tests			Notice	Results	Pass	Fail											Notice	Results	Pass	Fail											Notice	Results	Pass	Fail										
Hydrostatic - PL			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										
Water - Sanitary			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										
Pressure - Water			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										
Water Storm			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										
Gas			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										
Medical Gas			☐	☐	☐	☐											☐	☐	☐	☐											☐	☐	☐	☐										

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: **1** Location(s) (Floor/Apt.): **OSP**No. of Risers: **1** Location(s) (Floor/Apt.): **osp**☐ Welded Gas PipingGas usage: ☒ Heat☐ Boiler Pilot for oil burner☐ Water Heater☐ Dryer☐ Cooking☐ Tankless Coil☐ HVAC☐ Fire Place☒ Other (describe): **bbq****6 Certifying Applicant** E-Mail: **patriotplumbingnyc@msn.com**Business Phone **(718) 984-5880**Fax No. **(718) 984-5898**Last Name **manzella**First Name **salvatore**

M.I.

Business Name **pitman plumbing & heating**Address **4044 hylan blvd**City **staten island**State **ny**ZIP **10308**License No. **#1955**☒ 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

Salvatore Manzella

Signature

Date

Salvatore Manzella
8-20-10

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

SEAL

Salvatore Manzella

Signature

Date

Salvatore Manzella
8-20-10