



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. 520082277		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough STATEN ISLAND Block 2869 Lot 23 House No 45		Street Name PARK HILL LANE			
2 Permit Applicant E-Mail: ojhancle@aol.com		Business Phone (718) 221-0987		Fax No. (718) 773-5809	
Last Name HANCLE First Name OSWALD M.I. G		Business Name OJ PLUMBING & HEATING INC.			
Address 193A UTICA AVE. City BROOKLYN State NY ZIP 11213		License No. 1509		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 2/17/12 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☒ 12:30pm					
Apts and Floors: 2ND FLOOR ☐ 1:00pm ☐ 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
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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: ☐ 3psi ☐ 50psi ☐ 90psi ☐ 100psi												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 for oil burner ☐ Water Heater ☐ Dryer

☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: **ojhancle@aol.com** Business Phone **(718) 221-0987** Fax No. **(718) 773-5809**

Last Name **HANCLE** First Name **OSWALD** M.I. **G** Business Name **OJ PLUMBING & HEATING INC.**

Address **193A UTICA AVE.** City **BROOKLYN** State **NY** ZIP **11213** License No. **1509** ☒ 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 OSWALD G. HANCLE	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) OSWALD G. HANCLE	SEAL
Signature		Signature	
Date 2/17/12		Date 2/17/12	

Reviewed by: _____ Date: _____ Entered by: _____ R.S.O. by: _____ S/O by: _____