



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. 520094656		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Staten Island Block 5724 Lot 103 House No 25		Street Name Billings Street			
2 Permit Applicant E-Mail: _____ Business Phone (718) 948-4500 Fax No. (718) 967-9596					
Last Name Boccieri First Name John M.I. A		Business Name Duo Plumbing & Heating Corp.			
Address 88 Kreischer Street City Staten Island State NY ZIP 10309		License No. 1649 ☒ LMP ☐ LFSC			
3 Inspection Data Inspection/test scheduled for: 12/30/14 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: osp, cellar, 1, 2 floors, attic ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: in front of building					

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		
Sprinkler - PL								Sprinkler - SP									Fire Standpipe - SD								
Water/Sanitary - PL																									
Storm - PL																									
Gas - PL																									
Medical Gas - PL																	Alarm Sys 64/09								
Tests						Tests						Tests													
Notice		Results				Notice		Results				Notice		Results				Notice		Results					
Hydrostatic - PL							Hydrostatic - SP						Hydrostatic - SD												
Water - Sanitary							Dry Valve						Fire Pump												
Pressure - Water							Booster Pump																		
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 risers

No. of Meters: **1** Location(s) (Floor/Apt.): **OSP** No. of Risers: **1** Location(s) (Floor/Apt.): **osp, cellar, 1, 2 fls, attic** ☐ Welded Gas Piping

Gas usage: ☒ Heat ☐ Boiler-Pilot for oil burner ☒ Water Heater ☒ Dryer

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

6 Certifying Applicant E-Mail: _____ Business Phone **(718) 948-4500** Fax No. **(718) 967-9596**

Last Name **Boccieri** First Name **John** M.I. **A** Business Name **Duo Plumbing & Heating Corp.**

Address **88 Kreischer 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. Boccieri	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) John A. Boccieri	SEAL
Signature		Signature	
Date 12-30-2014		Date 12-30-2014	

Reviewed by: Date: **12/31**, Entered by: R.S.O. by: _____ S/O by: _____