



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. 520142284		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Staten Island		Block 2385 Lot 68 House No 156		Street Name NEHRING AVE	
2 Permit Applicant E-Mail: castelucci1@msn.com		Business Phone (718) 273-1343		Fax No. (718) 273-0852	
Last Name CASTELUCCI		First Name GERARD		M.I. Business Name G. CASTELUCCI PLUMBING INC	
Address 112 ST. MARY'S AVE		City S.I.		State NY ZIP 10305 License No. 592 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 08/15/13 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 12:30pm					
Apts and Floors: 1, 2, CEL		☐ 100pm ☐ 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		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		Notice Results						Tests		Notice Results						Tests		Notice Results					
Hydrostatic - PL		☐ ☐						Hydrostatic - SP		☐ ☐						Hydrostatic - SD		☐ ☐					
Water - Sanitary		☐ ☐						Dry Pipe Valve		☐ ☐						Fire Pump		☐ ☐					
Pressure - Water		☐ ☐						Booster Pump		☐ ☐								☐ ☐					
Water Storm		☐ ☐								☐ ☐								☐ ☐					
Gas		☐ ☐		☐ 3psi ☐ 50psi						☐ ☐						Hydrostatic 63/09		☒ ☐		☐ 75 Ft ☐ 100 Ft			
Medical Gas		☐ ☐		☐ 90psi ☐ 100psi						☐ ☐								☐ ☐		☐ ☐			

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: 2 Location(s) (Floor/Apt.): EXISTING-CEL No. of Risers: 2 Location(s) (Floor/Apt.): CEL-1 cel-2 ☐ 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: castelucci1@msn.com Business Phone (718) 273-1343 Fax No. (718) 273-0852											
Last Name CASTELUCCI First Name GERARD M.I. Business Name G. CASTELUCCI PLUMBING INC											
Address 112 ST. MARY'S AVE City STATEN ISLAND State NY ZIP 10305 License No. 592 ☒ 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 GERARD CASTELUCCI						Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) GERARD CASTELUCCI					
Signature						Signature					
Date 08-15-2013						Date 08-15-2013					

Reviewed by: , Date: 8/19 , Entered by: , R.S.O. by: S/O by:											
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