



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. 520145913	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Staten island	Block 873 Lot 27 House No 715	Street Name Todd hill rd
2 Permit Applicant E-Mail: patriotplumbingnyc@msn.com		Business Phone (718) 5565880 Fax No. (718) 5565898
Last Name manzella	First Name salvatore	M.I.
Address 201 Arlington Ave City Staten island State NY ZIP 10303		License No. 1955 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 9/24/13 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☒ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm		
Apts and Floors: cellar-osp ☐ 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				Inspections				Inspections			
Underground				Underground				Underground			
Roughing				Roughing				Roughing			
Finish				Finish				Finish			
Notice Results				Notice Results				Notice Results			
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				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								Hydrostatic 63/09			
Medical Gas								100 Ft			
Gas Tested at psi											
☐ 3 psi ☐ 50 psi											
☐ 90 psi ☐ 100 psi											
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.): Cellar No. of Risers: 1 Location(s) (Floor/Apt.): Cellar - osp ☐ Welded Gas Piping											
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer											
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☒ Other (describe): oven											
6 Certifying Applicant E-Mail: patriotplumbingnyc@msn.com Business Phone (718) 5565880 Fax No. (718) 5565898											
Last Name manzella First Name salvatore M.I. Business Name Patriot Plumbing & heating											
Address 201 Arlington Ave City Staten island State NY ZIP 10303 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 Salvatore Manzella		SEAL	
Signature [Signature]		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Salvatore Manzella	
Date 9-24-13		Signature [Signature]	
		Date 9-24-13	
Reviewed by: [Signature], Date: 10/1/13 Entered by: [Signature], R.S.O. by: [Signature], S/O by: 10/1/13			