



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. <u>520149857</u> Document No. <u>01</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Staten Island</u> Block <u>6404</u> Lot <u>23</u> House No. <u>250</u>		Street Name <u>BARCLAY AVENUE</u>	
2 Permit Applicant E-Mail: <u>scarponin@aol.com</u>		Business Phone (718) <u>259-2331</u> Fax No. (718) <u>259-2398</u>	
Last Name <u>Scarponi</u> First Name <u>Richard</u> M.I. _____		Business Name <u>Scarponi & Son Plumbing & Heating Corp</u>	
Address <u>6701 14th Avenue</u> City <u>Brooklyn</u> State <u>NY</u> ZIP <u>11219</u>		License No. <u>1047</u> ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: <u>5/13/15</u> (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☒ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: <u>1st Floor</u> ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>front of building</u>			

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						Sprinkler - SP						Fire Standpipe - SD					
Water/Sanitary - PL												Alarm Sys 64/09					
Storm - PL																	
Gas - PL																	
Medical Gas - PL																	
Tests						Tests						Tests					
Notice		Results				Notice		Results				Notice		Results			
	Pass Fail		Pass Fail				Pass Fail		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																	

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: scarponin@aol.comBusiness Phone (718) 259-2331Fax No. (718) 259-2398

Last Name <u>Scarponi</u> First Name <u>Richard</u> M.I. _____	Business Name <u>Scarponi & Son Plumbing & Heating Corp</u>
Address <u>6701 14th Avenue</u> City <u>Brooklyn</u> State <u>NY</u> ZIP <u>11219</u> License No. <u>1047</u>	☒ 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 <u>Richard Scarponi</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>Richard Scarponi</u>	SEAL
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Date <u>5/13/15</u>		Date <u>5/13/15</u>	

Reviewed by: [Signature] Date: 5/13/15 Entered by: [Signature] R.S.O. by: [Signature] S/O by: [Signature]