



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.		Document No.		Permit Type (check one only): <input type="checkbox"/> PL <input type="checkbox"/> SP <input type="checkbox"/> SD <input type="checkbox"/> ARA			
Borough	Block	Lot	House No	Street Name			

2 Permit Applicant E-Mail:		Business Phone ()		Fax No. ()	
Last Name	First Name	M.I.	Business Name		
Address		City	State	ZIP	License No. <input type="checkbox"/> LMP <input type="checkbox"/> LFSC

3 Inspection Data Inspection/test scheduled for: ___/___/___ (mmddy) Time: <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:30 <input type="checkbox"/> 10:00 <input type="checkbox"/> 10:30 <input type="checkbox"/> 11:00 <input type="checkbox"/> 11:30 <input type="checkbox"/> 12:30pm
Apts/Floors: <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30 <input type="checkbox"/> 2:00 <input type="checkbox"/> 2:30 <input type="checkbox"/> 3:00 Meeting Location.:

4 Notice/Result (Select one: PL, SP, SD only)																				
Systems: Inspections	Plumbing (PL)						Systems: Inspections	Sprinkler (SP)						Systems: Inspections	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler - SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Standpipe - SD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sanitary - PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm - PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas - PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Gas - PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tests	Notice	Results				Tests	Notice	Results				Tests	Notice	Results						
		Pass	Fail						Pass	Fail						Pass	Fail			
Hydrostatic - PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Hydrostatic - SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Hydrostatic - SD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water - Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Dry Pipe Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pressure - Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Booster Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Medical Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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)) <input type="checkbox"/> Gas requested for listed meters and risers					
No. of Meters:	Location(s) (Floor/Apt. for this inspection):		No. of Risers:	Location(s) (Floor/Apt. for this inspection):	
Gas usage:	<input type="checkbox"/> Heat	<input type="checkbox"/> Boiler Pilot for oil burner	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Dryer	
<input type="checkbox"/> Cooking	<input type="checkbox"/> Tankless Coil	<input type="checkbox"/> HVAC	<input type="checkbox"/> Fire Place	<input type="checkbox"/> Other (describe):	

6 Certifying Applicant E-Mail:		Business Phone ()		Fax No. ()	
Last Name	First Name	M.I.	Business Name		
Address		City	State	ZIP	License No. <input type="checkbox"/> LMP <input type="checkbox"/> LFSC <input type="checkbox"/> P.E. <input type="checkbox"/> R.A.

7 Applicant Statements and Signatures <input type="checkbox"/> All Comments resolved, review for sign-off <input type="checkbox"/> 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 §26-124 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	SEAL 	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
Signature		Signature	
Date		Date	

FOR DOB USE ONLY
Reviewed by: _____, Date: _____, Entered by: _____, R.S.O. by: _____, S/O by: _____