



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.

B Scan Sticker here

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"/> LAA					
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: ___/___/___ (mmddyy)		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 and 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					
Sprinkler - PL	<input type="checkbox"/>	Pass	Fail	<input type="checkbox"/>	Pass	Fail	<input type="checkbox"/>	Pass	Fail	<input type="checkbox"/>	Pass	Fail	Fire Standpipe - SD	<input type="checkbox"/>	Pass	Fail	<input type="checkbox"/>	Pass	Fail	<input type="checkbox"/>	Pass	Fail			
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"/>	<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"/>	<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"/>	<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"/>	Alarm Sys 64/09	<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											
Hydrostatic - PL	<input type="checkbox"/>	Pass	Fail										Hydrostatic - SP	<input type="checkbox"/>	Pass	Fail									
Water - Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										Dry Pipe Valve	<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"/>									
Water Storm	<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"/>	Gas Tested at psi										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Medical Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3 psi <input type="checkbox"/> 50 psi										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				<input type="checkbox"/> 90 psi <input type="checkbox"/> 100 psi																					
													Hydrostatic - SD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
													Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
													Hydrostatic 63/09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 75 Ft <input type="checkbox"/> 100 Ft								

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: Business Phone () Fax No. ()

Last Name First Name M.I. Business Name

Address City State ZIP License No. 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	SEAL
Signature Date	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Signature Date

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