



OP-38: Notification of Proposed Self-certification of Plumbing Inspection/Test

This form must be received and accepted by this Department at least two (2) working days
prior to the submission of form OP-39

Job No:

1 Job Data						
Borough	Block	Lot(s)	Job No.			
House No(s).	Street Name		Document No.			
Permit Types (check one only)	<input type="checkbox"/> PRA	<input type="checkbox"/> PL	<input type="checkbox"/> SP	<input type="checkbox"/> SD	Permit No.	

2 Permit. Applicant data (only the applicant who filed for the permit is allowed)						
Last Name		First Name		M.I.		
Business Name		Fax No.: ()		Business Phone ()		
Address		City		State		ZIP
<input type="checkbox"/> LMP	<input type="checkbox"/> LFSC	License No.				

3 Inspection data						
Inspection/test scheduled for: / / (mmdyy)Time: kk1k (hh:mm) am/pm						
Inspection Location			Location/zone		Apts.	
Specific area of building where DOB Inspector will meet Licensed professional:						

4 Inspections and/or tests (check as applicable)						
<input type="checkbox"/>	Underground inspection	<input type="checkbox"/>	Water test			
<input type="checkbox"/>	Roughing (above ground) inspection	<input type="checkbox"/>	Roughing Water test			
<input type="checkbox"/>	Sprinkler/Standpipe inspection	<input type="checkbox"/>	Fire Pump test			
<input type="checkbox"/>	Gas Piping inspection	<input type="checkbox"/>	Mercury test (gas) - Utility Co. Name:			

5 Applicant Statements and Signature					
<p>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 Master Plumber and Fire Suppression License Board.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;">Name of Permit Applicant (LMP or LFSC)</td> </tr> <tr> <td style="height: 40px;">Signature</td> </tr> <tr> <td style="height: 40px;">Date</td> </tr> </table>	Name of Permit Applicant (LMP or LFSC)	Signature	Date	<p>Seal</p>
Name of Permit Applicant (LMP or LFSC)					
Signature					
Date					

6 Plumbing Telephone & Fax Numbers					
Office	MANHATTAN	BRONX	BROOKLYN	QUEENS	STATEN ISLAND
Telephone	212-312-8590	718-579-6914	718-802-3714	718-520-3028	718-816-2224
Fax	212-312-8723	718-579-6999	718-802-3733	718-520-2440	718-816-2218