NYC Department of Buildings — OP-98 Instructions

Instructions for Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

This form is used for self-certification of plumbing, sprinkler and standpipe inspection(s) and/or test(s) of work filed on either the Schedule B (PW-1B) form or the Alteration Repair Application (ARA-1) form.

NOTICE:
This form can be mailed, faxed, dropped off, or completed online (see below). It must be received by 2:30 pm, two business days prior to the date of the inspection. Sections 6 and 7 do not need to be filled in for the Notice. **Cancellations must be received by 2:30 pm on the day prior to the inspection date to the Plumbing Call Center (see below) or e-mail PlumbingCancel@buildings.nyc.gov**

RESULTS:
For Results, a copy of the completed OP-98 Notice is re-submitted with the Results of each of the inspection(s) and/or test(s) filled in as Pass or Fail. This form can only be mailed in or dropped off at the appropriate local DOB Borough office (see below).
When prior notification is not required, the OP-98 form is submitted once with the Results filled in for all required inspection(s) and/or test(s).

Section	Instructions
1. Job Data	Provide the Job/Permit No., Document No. and check off the appropriate permit type. Only one worktype (plumbing, sprinkler, standpipe) may be submitted on each OP-98. Fill in the Borough, Block, Lot, House No. and Street Name.
2. Permit Applicant Data	Type in the E-Mail Address, Business Phone No. and Fax No. Provide the Last Name, First Name, Middle Initial, Business Name, Address, City, State, Zip code, of the applicant who obtained the permit. Provide the License No. and check off the appropriate license type.
3. Inspection Data	Identify the date when the inspection will be done. **Check box to indicate the time of inspection using the following schedule:** 8:00am, 8:30am, 9:00am, 9:30am, 10:00am, 10:30am, 11:00am, 11:30am, 12:30pm, 1:00pm, 1:30pm, 2:00pm, 2:30pm, 3:00pm **Inspections cannot be scheduled for times not listed above.** Specify the apartments and floors if applicable. Provide the specific Meeting Location where the Licensee or authorized representative (reps must present a signed/sealed letter from the permit holder and photo identification), will meet the Inspector.
4. Notice/Results	**For Notice:** Identify with an "X" the appropriate Inspection(s) and/or test(s) to be performed. For SP or SD underground, roughing, and hydrostatic: DOB will continue to follow the policy (OPPN 3/94) that does not require a notice. **For Results**: Identify with an "X" in the appropriate pass or fail box for each inspection(s) and/or test(s) performed. Comments: Enter any pertinent information regarding this inspection (cap, remove, replace, relocate information may also be entered here). **Note: For Sprinkler/Standpipe Hydrostatic Test only.** If LMP or LFSC is not certifying the hydrostatic test, a P.E. or R.A. is to submit a TR-1 form certifying that he/she has witnessed this test. The P.E. or R.A. must complete the OP-98 form in sections 6 and 7 as the Certifying Applicant and attach the completed TR-1 to this OP-98. Check box to indicate if this is filed to legalize work previously done without a permit. Check box to indicate if this filing involves a gas to gas appliance direct replacement (i.e., re-install one of equal size, BTU or type). Check box to indicate if this filing involves removing and/or capping plumbing related components. Check box(es) to indicate if this filing involves Detention Tank or Dry Well/Retention. Use the Comments line to provide additional remarks about this inspection. **OP-98 submitted with Comments will be rejected if Notice or Results data is not filled in.**
5. Gas Meter/Risers Data	Check box to indicate if Gas authorization is being requested for listed meters and risers. Gas will only be authorized for meters and risers that are listed. Indicate numbers of meters/risers, their location and their end use(s) that are included in this inspection.
6. Certifying Applicant Data	Skip section 6 when submitting Notice. Indicate E-mail Address, Business Phone and Fax No. Type in Last Name, First Name, Middle Initial, and Business Name. Include Address, City, State, Zip code, License Number and Type of applicant certifying inspection(s) on this OP-98.
7. Applicants Statements and Signatures	Skip section 7 when submitting Notice. Print name of Certifying Applicant. This is the person who performed the Inspection(s) and/or Test(s). Print Name of Permit Applicant or another licensee working for the same firm that obtained the permit. Provide the signature, date and seal on the form of each applicant. When review for sign-off is requested, resolve any outstanding inspection comments and provide all required back-up documents.

Note: Shaded area on this form for DOB personnel only. Refer to the Schedule B (PW-1B) form & instructions for information regarding the 7 systems and their components. Check website address nyc.gov/buildings for all pertinent information.
The **Notice** is sent to: NYC Dept. of Buildings, 280 Broadway, 5th floor - Plumbing Call Center, N.Y, N.Y. 10007-1801, faxed to 212-253-4273 (back-up fax # 212-566-4594/4752), or complete online using the online OP-98 form.
The **Results** with required documents must be mailed or dropped off to the appropriate local DOB Borough office:
280 Broadway - 4th floor, **N.Y., N.Y.** 10007.
210 Joralemon Street - 8th floor, **Brooklyn, N.Y.** 11201.
Borough Hall, 10 Richmond Terrace - 3rd floor, **Staten Island, N.Y.** 10301.
1932 Arthur Ave - 5th floor, **Bronx, N.Y.** 10457.
120-55 Queens Boulevard, **Queens, N.Y.** 11415.