

## 1 LOCATION INFORMATION *(required for all certifications)*

House No(s)	Street Name	Owner Name		
Borough	Block	Lot	BIN	Community Board No.

## 2 LICENSED MASTER PLUMBER INFORMATION *(fax and mobile telephone are optional)*

Last Name	First Name	Middle Initial
Business Name		Business Phone
Business Address		Business Fax
City	State	Zip
Email		License Number

## 3 INDIVIDUAL PERFORMING INSPECTION (Qualified Individual) INFORMATION *(required where a Non-LMP performed inspection under LMP supervision; fax and mobile telephone are optional)*

Last Name	First Name	Middle Initial
Business Name		Business Phone
Business Address		Business Fax
City	State	Zip
Email		Employer Name:

## 4 CERTIFICATION OF NO GAS PIPING SYSTEM *(to be completed by a Registered Design Professional or Licensed Master Plumber)*

I certify that the above building contains no gas piping system. *(proceed to Section 6 if box is checked)*

## 5 CERTIFICATION OF INSPECTION *(to be completed by Licensed Master Plumber)*

I certify that I have personally performed an inspection pursuant to Article 318 of Title 28 of the NYC Administrative Code for the above building.

I certify that I exercised direct and continuing supervision over the individual identified in Section 3 who performed the required inspection in accordance with Article 318 of Title 28 of the NYC Administrative Code for the above-listed building.

**Date of initial inspection (MM/DD/YYYY):** \_\_\_\_\_

**Check all that apply:**

- No conditions requiring correction were identified in the Gas Piping System Periodic Inspection Report provided to the building owner.
- Conditions requiring correction were identified in the Gas Piping System Periodic Inspection Report provided to the building owner.
- Correction of one or more conditions identified in the Gas Piping System Periodic Inspection Report provided to the building owner will take additional time.  
*(Certification stating all conditions have been corrected must be submitted to the Department within 180 days of the original inspection date)*
- All conditions identified in the Gas Piping System Periodic Inspection Report provided to the building owner have been corrected.

## 6 STATEMENTS AND SIGNATURES *(required for all certifications)*

I have personally reviewed the contents of this form and hereby affirm that all statements and information contained herein are correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1(2), and 28-203.1(1) of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of the New York City Administrative Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

*Affix seal and signature in accordance with all regulations applicable when applying signature and seal to official documents filed with the Department of Buildings.*