

AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety and returned to the inspection department before a Certificate of Occupancy can be issued.

Job Address: _____ Permit Number: _____

Job Name: _____

Date of Test: _____

When installing new or replacing gas piping, please list the section of piping being tested:

Service to appliances, list appliances: _____

Existing piping, adding appliances, list appliances: _____

Time Started: _____ a.m. or p.m. Pressure in inches of water column: _____

Time Stopped: _____ a.m. or p.m. Pressure in inches of water column: _____

When repairing existing piping, report the type of leakage test being performed:

Leak Detector Soapy Bubbles Other: _____

Note: If code violations are found at the time of inspection an order to repair will be issued. If repairs are not corrected within ten (10) days, the gas service will be terminated.

By signing this form I _____, license number _____ certify that the information on this form is complete and accurate and any misrepresentation of the information is cause for the gas service and/or final certificate of inspection being revoked.

Signature: _____ Dated: _____