
AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety and uploaded to the condition on the Portal before a Certificate of Occupancy can be issued.

Job Address: _____ Permit Number: _____

Job Name: _____ Date of Test: _____

When installing new gas piping in existing system 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: _____ AM or PM Pressure in inches of water column: _____

Time Stopped: _____ AM or PM Pressure in inches of water column: _____

When testing tie-in to existing meter header, report the type of leakage test being performed:

Leak Detector Soapy Bubbles Other: _____

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: _____