

## **AFFIDAVIT OF GAS PIPING TEST**

This form must be completed in its entirety and returned to the Inspection Department before a Certificate of Occupancy/Completion or final inspection can be issued:

Job Address: Da		Permit Number:	
		Date of Test:	ate of Test:
l,(Prin	, am authorized to certify on behalf of int Name)		
(Compony No		that on	, 20
(Company Na	ime)		
The gas piping system	was tested as follo	ows: (Please check one)	
Manometer test perfor			
	arted:AM or PM – Pressure in inches of water column		
Time Stopped:	Am or PM – Pressu	re in inches of water column	
	C	DR	
Noncorrosive leak det	ection fluid test by	gas contractor	