



**Affidavit of Gas Pressure Test**

**This form must be completed in its entirety and returned to the Community Development Department before a Certificate of Occupancy or final inspection will be approved.**

Job address \_\_\_\_\_ Permit # \_\_\_\_\_

Owner's name \_\_\_\_\_

Date of Test \_\_\_\_\_ Test conducted by \_\_\_\_\_

Piping installer's company name \_\_\_\_\_

Test was conducted for  New piping  Repair  Other\*

\* Explain "Other" \_\_\_\_\_

List new appliances served \_\_\_\_\_

Existing appliances served \_\_\_\_\_

For repairs, section of pipe repaired \_\_\_\_\_

Pressure test start time \_\_\_\_\_ Pressure in PSIG \_\_\_\_\_

Pressure test stop time \_\_\_\_\_ Pressure in PSIG \_\_\_\_\_

Test medium used \_\_\_\_\_

Leak detection used:  Leak detector  Soapy bubbles

By signing this form I, \_\_\_\_\_ certify that the information on this  
(Print name)

form is complete and accurate and that all testing was conducted in accordance with the 2000 International Fuel Gas Code.

Signature \_\_\_\_\_

Date \_\_\_\_\_