



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 form is complete and accurate and that all testing was conducted in accordance with the 2018 International Fuel Gas Code.

Signature _____

Date _____