



WEST PALM BEACH

Development Services Department
Building Division
401 Clematis St.
West Palm Beach FL 33401
Telephone: 561/805-6700
FAX: 561/805-6676

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:

I, (Print Name), am authorized to certify on behalf of

(Company Name) that on, 20

The gas piping system was tested as follows:

Time Started: AM or PM Pressure in inches of water column:

Tim Stopped: AM or PM Pressure in inches of water column: