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

______________________________ that on ________________, 20___
(Company Name)

The gas piping system was tested as follows: (Please check one)

Manometer test performed by gas purveyor or gas contractor (copy required for final inspection) ______

Noncorrosive leak detection fluid test by gas contractor (copy required for final inspection) ___