



City of Alachua

Building & Inspections Division

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: _____

When installing new or replacing gas piping, please list the section of piping being tested:

Service to appliances, list appliances: _____

Existing piping, adding appliances, list appliances: _____

Time Started: _____ Am or PM Pressure in inches of water column: _____

Time Stopped: _____ Am or Pm Pressure in inches or water column: _____

By signing this form I, _____, license number _____ certify that the

Information on this form is complete and accurate and any misrepresentation of the information is cause for the gas service / or final certificate of inspection being revoked.

Signature: _____ Dated: _____