

St. Clair Township

Building Department

1539 S. Bartlett Rd.

St. Clair, MI 48079

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Mechanical Gas Pressure Test Affidavit

SWORN STATEMENT FOR: RESIDENTIAL GAS PRESSURE TEST AFFIDAVIT

This test complies with the 2015 International Fuel Gas Code, Section 406 (IFGC) Inspection, Testing and Purging, and has been completed at the subject residential job site:

JOB ADDRESS: _____, St. Clair Township 48079

Mechanical Permit Number: _____

- A gas pressure test was conducted on: _____
Witnessed by: _____
- The gas pipeline was pressurized to _____ and held pressure for a duration of _____ hours.

Mechanical Contractor Name: _____

Address: _____

Phone Number: _____

Driver's License Number: _____

Michigan Mechanical License Number: _____

X _____
Mechanical Contractor Signature **Date**

Installer's Name (Person Testing Pipe): _____

Address: _____ City: _____ State: ____ Zip: _____

X _____
Installer's Signature **Date**