

Montcalm County Department of Building Safety
211 W Main / Box 368 / Stanton, Michigan 48888
Phone 989-831-7394 * FAX 989-831-7392
e-mail sminard@co.montcalm.mi.us

GAS PRESSURE TEST AFFIDAVIT

Date _____ Permit # _____

Address _____

I hereby certify that the complete gas piping system, including all the piping from the gas meter, the main and all branches up to the appliance connections, has been air pressure tested to _____ pounds (must be at least 20 pounds) and that the piping is found to be free of leaks and defective materials and the system is safe to operate.

Company Name _____

Licensed Contractors Name _____

License # _____

Contractor of Record Signature _____

Address _____

Phone # _____ Fax # _____