

MORTON TOWNSHIP BUILDING DEPARTMENT

290 W MAIN ST - PO BOX 2 MECOSTA MI 49332-0002

PHONE: (231) 972-7138 - TOLL FREE: 1-877-221-5881 - FAX: (231) 972-2002

AFFIDAVIT OF GAS LINE TEST

Date: _____ Mechanical Permit #: _____

Property Owner's Name: _____

Property Address: _____

Contractor Company Name: _____

On the above date, the gas pipe system air test was conducted on

CONCEALED PIPING

and was tested at a minimum of 3 lbs/sq. in. for 10 minutes (according to the procedures set forth in the International Mechanical Code of 1996) by:

Agent Name: _____
SIGNATURE

Witnessed by: _____
SIGNATURE

Mechanical Inspector: _____

On the above date, the gas pipe system air test was conducted on

PIPING NOT CONCEALED

and was tested at a minimum of 3 lbs/sq. in. for 10 minutes (according to the procedures set forth in the International Mechanical Code of 1996) by:

Agent Name: _____
SIGNATURE

Witnessed by: _____
SIGNATURE

Mechanical Inspector: _____