


City of North Port
Development Services Department
4970 City Hall Boulevard
North Port, Fl. 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (855) 941-4636

AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety and posted on the jobsite by the final inspection before the permit can be closed.

Job Address: _____ Permit Number: _____

Date of Test: _____

When installing new gas piping in existing system 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 of water column: _____

When testing tie-in to existing meter header, report the type of leakage test being performed:

Leak Detector Soapy Bubbles Other: _____

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

Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by

_____ who is personally known to me or who has produced

_____ as identification by means of physical presence or online notarization.

Notary Public Signature _____

SEAL