Oceana County Building Department
3986 N Oceana Dr. Hart, MI 49420
www.oceana.mi.us
bi@oceana.mi.us
231 873 5355

Gas Pressure Test Affidavit

☐ Residential ☐ Commercial

Date: _____ Permit Number: _____
Job Site 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** *and that the piping is found to be free of leaks and defective materials and the system is safe to operate as required in the current edition of the International Fuel Gas Code. (IFGC)*

Company Name: _____
Licensed Contractor Name: _____

Homeowner Name: _____
Address: _____
Phone #: _____
Email: _____

I hereby acknowledge the above requirements and agree to comply with the conditions as stated.

_____

Contractor or Record/Homeowner Signature *Date*