



Charter Township of Shelby

Building Department
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GAS PRESSURE TEST AFFIDAVIT

Date: _____ **Permit #** _____

Address _____ **Lot #** _____

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 lbs.)** and that the piping is found to be Free of leaks and defective materials and the system is safe to operate.

Company Name (Print): _____

Licensed Contractors Name (Print): _____

License # _____

Contractor of Record (Sign): _____

Address: _____

Phone # _____ **Fax#** _____