



C H A R T E R T O W N S H I P
O F S H E L B Y

Building Department
52700 Van Dyke Ave., Shelby Township, MI 48316
Phone 586-731-5969
Fax 586-803-2099
building@shelbytp.org
shelbytp.org

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 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 (Print): _____

Licensed Contractors Name (Print): _____

License # _____

Contractor of Record (Sign): _____

Address: _____

Phone # _____ **Fax#** _____