



**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# \_\_\_\_\_