



Southwest Michigan Building Authority

AFFIDAVIT OF GAS PIPING TEST

7275 West Main Street, Kalamazoo MI 49009

Phone: (269) 585-4150

Email: info@swmiba.org

Web: www.SWMIBA.org

THIS FORM MAY BE USED IN PLACE OF A PHYSICAL INSPECTION OF THIS TEST BY A SOUTHWEST MICHIGAN BUILDING AUTHORITY (SMBA) INSPECTOR.
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO SMBA. A FINAL INSPECTION WILL BE REQUIRED AFTER THE SUBMISSION OF THIS FORM.

PERMIT INFORMATION

| | |
|--|--|
| Contractor Name | Permit Number |
| Job Location (Street Number & Street Name) | Name of City, Village, or Township of Job Location |
| Name of Owner / Agent | |

WHEN INSTALLING NEW PIPING, PLEASE LIST THE SECTION OF PIPING BEING TESTED.

| |
|---|
| Service to Appliance — List Appliances: |
| Existing Piping to Appliances: |

TESTING INFORMATION

| | | | |
|-------------------|--|---|--|
| Date of Test: | | | |
| Start Time | | Pressure in PSI / Inches of Water Column | |
| Stop Time | | | |

WHEN REPAIRING EXISTING PIPING, REPORT THE TYPE OF LEAKAGE TEST BEING PERFORMED:

- Leak Detector
- Soapy Bubbles
- Other

(List) _____

CERTIFICATION

I, _____ (Print Name) certify that the above information is complete and accurate.

Signature: _____

Date: _____