



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: _____