



Macomb Township

Building Department

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GAS PRESSURE TEST AFFIDAVIT

RESIDENTIAL OR

COMMERCIAL

Date: _____ Mechanical Permit _____

Project 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 as required in the current edition of the International Fuel Gas Code. (IFGC)

Company Name (Print): _____

Licensed Contractors Name (Print): _____

Homeowner Name: _____

Address: _____

Phone # _____

Email Address: _____

I hereby acknowledge the above requirements and agree to comply with the conditions as stated.

Contractor of Record/Homeowner (signature):