



City of
**Lake Worth
Beach**
FLORIDA™

BUILDING DIVISION
1900 2ND AVENUE NORTH
LAKE WORTH BEACH, FL 33460
561-586-1647

AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety in order to comply with the requirements of:
FBC Fuel Gas – 406.4(.1 & .2) and FBC Residential 2417.4. (.1 & .2)

Job Address: _____

Permit Number: _____

Job Name: _____

Date of test: _____

I, _____, am authorized to certify on behalf of _____ that on
(Print Name) (Company Name)

_____, 20_____.

The gas piping system was tested as follows:

Time Started: _____ AM or PM

Pressure in inches of water column: _____

Time Stopped: _____ AM or PM

Pressure in inches of water column: _____