

**TOWN OF LAKE CLARKE SHORES
1701 BARBADOS ROAD
LAKE CLARKE SHORES FL
33406 (561) 964-1515 EXT. 1114**

AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety and posted on the jobsite during the inspection before a Certificate of Occupancy/Completion, or final inspection can be issued.

Job Address: _____ Permit Number: _____

Job Name: _____ Date of Test: _____

I, _____ (print name), am authorized to certify on behalf
of _____ (company name) that on _____, 20____
the gas system was tested in accordance with the most recent version of the Florida
Fuel Gas Code, Section 406. The test pressure is documented below.

Time Started: _____ AM or PM Start Pressure: _____

Time Stopped: _____ AM or PM End Pressure: _____

Authorized Representative's Signature

This affidavit, the permit card, the approved plans, and other associated documents must be on the jobsite at the time of the final gas inspection. Any questions regarding these requirements can be directed to the Building Official or Plumbing Inspector.