

Clinton Township
Building Department
40700 Romeo Plank Rd.
Clinton Twp., MI 48038
Phone (586)286-9323 Fax (586)286-9484

Certification of gas pressure test for residential gas piping systems

Date: _____ Gas piping permit # _____

Address: _____ Lot # _____

I hereby certify that the complete gas piping system, including all piping from the gas meter, the main and all branches up to the appliance connections, has been pressure tested to ___ lbs. (must be at least 20lbs.) and the piping is found to be free of leaks and defective materials and the system is safe to operate.

Company Name (print): _____

Licensed Contractors name: _____

Contractor of Record (sign): _____

Address: _____

State of Michigan
County of Macomb

Subscribed and sworn to me before this _____ **day of** _____

Notary Public
_____ **County, Michigan**

My commission expires: _____