



NG or LPG PRESSURE TEST AFFIDAVIT

I. Identification

Permit Number: _____ Job Site Address: _____
Contractor Business Name: _____
Contractor Address: _____ State: _____ Zip: _____
Contractor Telephone: _____ Contractor Email: _____
Licensee Name: _____ License Number: _____

II. Work

☐ NG ☐ LPG Piping Material (Type) Used: _____
Test Medium ☐ Air ☐ Nitrogen ☐ CO2 Other: _____
Working Pressure: _____ InWC Test Pressure Applied: _____ InWC/PSIG Test Duration: _____ Min. _

III. Affirmation

I, _____ (Licensee) have personally performed or supervised the installation of the above approved, and all, materials and further attest that all such work was performed in strict accord with the requirements as set forth by: F.S 553.73 Florida Building Code specifically Residential Code § G2417 or Fuel Gas Code § 406, in effect at the time of permit issuance, the piping materials and equipment Manufacturer's Installation Instructions, and proper engineering and workmanship practices.

Printed Name of Licensee

Signature of Licensee

Date (mm/dd/yyyy)

STATE OF FLORIDA, COUNTY OF ORANGE,

The foregoing instrument was acknowledged before me by means of ☐ physical presence ☐ online notarization this _____ day of _____, 20_____, by _____
(Name of Person Making Statement)

(Seal)

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: ☐
OR Produced Identification: ☐

Type of Identification Produced: _____

COMPLETED DOCUMENT TO BE AT WORK SITE FOR FINAL INSPECTION

Community Development Department, 1776 Independence Lane, Maitland, FL 32751
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