



BUILDING DIVISION
 Community Development Department
 1776 Independence Lane, Maitland, FL 32751
 Phone: (407) 539-6150 Fax: (407) 539-6275 www.itsmymaitland.com
 Email: DigitalPlan@itsmymaitland.com

Natural Gas (NG) or Liquefied Petroleum Gas (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