

# Antrim County Building Department

POST OFFICE BOX 188  
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**EMAIL: constructioncode@antrimcounty.org**

Gas pressure test affidavit  
Must be submitted prior to final inspection.  
Please print the following information.

Permit number: \_\_\_\_\_

Job site address: \_\_\_\_\_

Contractor name: \_\_\_\_\_

License number: \_\_\_\_\_

Date of test: \_\_\_\_\_

Time of test: \_\_\_\_\_

\_\_\_\_\_  
Print name of test person

\_\_\_\_\_  
Signature of test person

\_\_\_\_\_  
Date

Gas piping shall be pressure tested in accordance with Sections **MRC2015-G2417.1 and IFGC2015-406.1** no leakage or loss of pressure.

**G2417.4.1 (406.4.1) Test pressure.** The test pressure to be used shall be not less than 1½ times the proposed maximum working pressure, but not less than 3 psig (20 kPa gauge), irrespective of design pressure.