



Alachua County Department of Growth Management

Building Division

Jeff Hays, AICP, Director
Dan Gargas, Building Official
Holly Banner, AICP, Zoning Administrator

Pressure Test Affidavit for Natural Gas or LPG

*Affidavit must be completed, dated after work begins, and uploaded to permit at time of inspection.
Failure to have affidavit completed at final inspection will result in a failed with fee result.
Multiple affidavits may be required depending on scope of work.*

Permit # _____ Jobsite Address _____

Contractor DBA Name: _____

Contractor Business Address _____ State _____ Zip _____

Contact Phone _____ Contractor Email _____

Name of Florida Gas Contractor _____ State License # _____

Gas type (NG LPG) _____ Test Medium Used _____

Piping Material Used _____

Test Method Used _____

Pressure indicated at first reading _____ Time _____

Pressure indicated at final reading _____ Time _____

Per FBC R G2417.4.2 and FBC FG406.4.2, test duration shall not be less than 10 minutes.

I _____ have personally performed or supervised the installation of the project listed on this form and attest that all work has been performed in accordance with the requirements of the Florida Building Code Residential, chapter 24 Fuel Gas. I personally performed the test above and certify that the information is correct and the test was performed in accordance with the Florida Building Code Residential section G2417 or Florida Building Code Fuel Gas section 406.

Printed Name: _____ Date and Time work inspected: _____

Signature: _____ License #: _____

Once completed, please upload this form to your permits documents folder.
This form may only be completed by a Florida Licensed Plumbing Contractor or LP Gas Contractor as defined in Florida Statutes Chapters 489 or 527.