



GROWTH MANAGEMENT DEPARTMENT  
201 SE 3<sup>rd</sup> Street (Second Floor), Ocala, FL 34471  
Email: [building@ocalafl.org](mailto:building@ocalafl.org); (352) 629-8421

# City of Ocala

## AFFIDAVIT OF GAS PIPING TEST

This form must be completed in its entirety and returned to the inspection department before a Certificate of Occupancy can be issued.

Job Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Job Name: \_\_\_\_\_ Date of Test: \_\_\_\_\_

When installing new or replacing gas piping, please list the section of piping being tested:

Service to appliances, list appliances: \_\_\_\_\_

\_\_\_\_\_

Existing piping, adding appliances, list appliances: \_\_\_\_\_

\_\_\_\_\_

Time Started: \_\_\_\_\_ AM or PM Pressure in inches of water column: \_\_\_\_\_

Time Stopped: \_\_\_\_\_ AM or PM Pressure in inches of water column: \_\_\_\_\_

When repairing existing piping, report the type of leakage test being performed:

Leak Detector \_\_\_\_\_ Soapy Bubbles \_\_\_\_\_ Other: \_\_\_\_\_

Note: if code violations are found at the time of inspection, an order repair will be issued. If repairs are not Corrected within ten (10) days, the gas service will be terminated.

By signing this form I, \_\_\_\_\_, license number \_\_\_\_\_ certify that the information on this form is complete and accurate and any misrepresentation of the information is cause for the gas service and / or final certificate of inspection being revoked.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_