

## IRA TOWNSHIP

## **Building Department**

7085 Meldrum Fair Haven, MI 48023 Phone (586) 725-0207 Fax: (586) 725-8790

Email: buildingasst@iratownship.org

## Mechanical Gas Pressure Test Affidavit

## SWORN STATEMENT FOR RESIDENTIAL GAS PRESSURE TEST AFFIDAVIT

This test complies with the 2015 International Fuel Gas Code, Section 406 (IFGC) Inspection, Testing and Purging, and has been completed at the subject residential job site:

IOB ADDRESS:	Ira T	a Township, MI 48023	
Permit#:			
- A gas pressure test was conducted on:		and witnessed by:	
- The gas pipeline was pressur hours.	rized to and held	pressure for a dura	tion of
Mechanical Contractor Name:			
Address:			
Phone Number:			
Driver's License Number:			
Michigan Mechanical License Numb			
x			
Mechanical Contractor Signature		Date	_
Installar's Namo:			
Installer's Name: Person who is tes			
Address:		State:	Zip:
v.			·
X Installer Signature		Date	•
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