



Town Of Amenia

BUILDING DEPARTMENT

4988 Route 22, PO BOX 126, AMENIA, NY 12501

TEL: 845-373-8118 x102 FAX: 845-373-9826

E-MAIL: Building@ameniany.gov WEB: www.AmeniaNY.Gov

Distribution Piping Pressure Test Verification Affidavit

Name of Business: _____ Permit # _____

This certifies that the gas distribution piping and any appliances (circle all that apply) stove, water heater, boiler, clothes dryer fireplace, other (specify) _____ installed inside the building:

LOCATED AT: _____

OWNER: _____

Have successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s) and has been installed per the Residential Code, Plumbing Code, Mechanical Code and/or the Fuel Gas Code of NYS.

(Date)

Note: See Section G2417.4.1RCNYS- Test pressure shall not be less than one and one half times the proposed working pressure, but less than 3psig(20kPa gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

TEST PERFORMED BY

Signature: _____

Name: _____

Plumbing/Mechanical Contractor: _____

Corrugated Stainless Steel Tubing (CSST) installed? Yes ___ No ___. If Yes, I certify that is has been bonded to the grounding rode system of the building:

Name: _____ Signature: _____

Company/Contractor Name: _____ Phone # _____

Inspectors Name: _____ Municipality: _____

Inspectors Signature: _____ Date: _____

Central Hudson G&E installed Gas Meter and/or activated the gas to this premise? Yes ___ No ___

Reason: _____

Employee: _____ Date: _____