



Kalamazoo Area Building Authority
 www.kaba-mi.org
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GAS PIPING TEST AFFIDAVIT

This form may be used in place of physical inspection of this test by a KABA inspector. Please complete and return to KABA. This form does not waive the requirement for a final inspection.

Permit Information

Property Owner Name:	
Job Location Address:	City, State, Zip
Contractor Name:	Contractor Email:
Contractor Phone:	Permit Number:

Testing Information

New Construction: all piping must be tested		Repair or Replacement: New piping needs to be tested	
<i>When installing new piping, please list the section(s) of the piping being tested.</i>			
Service To Appliance – List Appliance(s): (From to To)		Existing Piping to Appliance(s):	
Date of Testing:			
Start Time:	Pressure in PSI / Inches of Water Column:	Stop Time:	Pressure in PSI / Inches of Water Column:
<input type="checkbox"/> Air Gauge <input type="checkbox"/> Leak Detector <input type="checkbox"/> Soapy Bubbles <input type="checkbox"/> Other (Describe)			

Certification

I, _____ (Print Name), certify that the above information is complete and accurate.

Signature

Date of Signing