



CITY OF  
**MUKILTEO**

*Planning and Community  
Development Department*

**GAS PIPING TEST AFFIDAVIT**

Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_ Permit No.: \_\_\_\_\_

The gas piping system was tested at \_\_\_\_\_ psi for a total of \_\_\_\_\_ minutes.

Note: for Single Family Residences the requirement is 15 psi for a total of 10 minutes

WITNESSED BY \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(signature of occupant requesting gas service) (date)

INSTALLED BY \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(signature of installing gas fitter) (date)

**Please arrange for someone to be present on the date of requested inspection to provide access for the inspector. A copy of this affidavit and a copy of the permit must be left for pick up at the job site, emailed or mailed to the City of Mukilteo Building Department at 11930 Cyrus Way, Mukilteo, WA 98275**