



Village of Southampton

BUILDING DEPARTMENT

23 Main Street
Southampton, NY 11968

631-204-2146 ext 146
631-204-2147 ext 147

GAS PIPE INSPECTION AND PRESSURE TEST CERTIFICATION

Date: _____

Building Permit Number: _____

Property Owners Name: _____

Address: _____

Phone: _____

Gas Meter Number: _____ Services Size: _____

Street Gas Shut-Off Valve Location: _____

Gas Meter Location: _____

Gas Supplied Equipment Installed: _____

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TEST INFORMATION:

Test Date: _____ Test Pressure: _____

Test Start Time: _____ Test End Time: _____ Total Duration: _____

Starting Reading: _____ Ending Reading: _____

Installing / Testing Company: _____

Address

Phone Number

Suffolk County License (type & number): _____

I _____, the installing / testing technician hereby certify that the gas piping and associated appliances were installed, inspected, tested and purged in accordance with the New York State Building Codes, Nation Fire Protection Association Standards, Manufactures installation instructions and National Grid regulations.

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR

Technician Name: _____

Signature: _____

Date: _____