



Incorporated Village of Belle Terre
 1 Cliff Road
 Belle Terre, New York 11777
 (631) 928-0020

GAS SUPPLY LINE TEST CERTIFICATION

Building Permit No. _____ Dated: _____

Job Site Address: _____

Owner: _____

Plumber: _____

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

- Residential Installation
- Commercial Installation

Please Check Combustion Appliance Installed:

- | | |
|--|--|
| <input type="checkbox"/> Heating Equipment | <input type="checkbox"/> Kitchen Range |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fireplace/Stove | <input type="checkbox"/> Other _____ |

Test Pressure: _____ Test Duration: _____ () Pass () Fall

Comments: _____

I certify that I am the licensed plumber (License# _____) that installed all Gas Supply Lines on the above referenced premises.

I affirm that all information provided in this document is true and factual.

False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

 Plumber or Homeowner Signature

State of New York, County of _____

On this _____ day of _____, 20____, before me
 came _____

To me known to be the individual described in and who executed the forgoing instrument, and acknowledged that he/she executed the same.

 Notary Public State of New York