



Village of Southampton

BUILDING DEPARTMENT

71 Hill Street, Suite #1
Southampton, NY 11968
Telephone 631 204-2147
Fax 631 283-0649

JONATHAN B. FOSTER

Building Inspector

GAS PIPE INSPECTION AND PRESSURE TEST CERTIFICATION

Date: _____

Building Permit Number: _____

Property Owners Name: _____

Address: _____

_____ Phone: _____

Gas Meter Number: _____ Service Size: _____

Street Gas Shut-Off Valve Location: _____

Gas Meter Location: _____

Gas Supplied Equipment Installed: _____

Test Information:

Test Date: _____ Test Pressure: _____

Test Start Time: _____ Test Completion Time: _____ Total Duration: _____

Starting Reading: _____ Ending Reading: _____

Installing / Testing Company: _____

Suffolk County License (type and Number): _____

Address: _____

_____ Phone: _____

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: (Print) _____ (Sign): _____ Date: _____

***Once this form is completed, please return the original signed copy to:
Southampton Village Building Department
71 Hill Street, Suite #1, Southampton NY 11968.***