



Office of

**BUILDING DEPARTMENT**

88 Newtown Lane, East Hampton, NY 11937  
631-324-4150

*Gas Supply Line Installation Certification*

Building Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ SCTM#:301-\_\_\_\_\_

Address: \_\_\_\_\_

*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 ( ) Commercial

*Please check Combustion Appliance Installed:*

- ( ) Heating Equipment ( ) Hot Water Heater  
( ) Fireplace/Stove ( ) Other \_\_\_\_\_

Test Pressure: \_\_\_\_\_ Test Duration: \_\_\_\_\_

Results: \_\_\_\_\_

*I certify that I am the licensed plumber (SC License # \_\_\_\_\_) that installed all Gas supply lines on the above referenced premises.*

Plumbers Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_ Notary