CITY OF STOW BUILDING DEPARTMENT
HOUSE FUEL GAS LINE PRESSURE TEST FORM

CUSTOMER INFORMATION

Name: _____

Address: _____

Municipality: _____ **County:** _____ **Zip:** _____

Type of Building:
- □ **Residential/Single**
- □ **Commercial**
- □ **Mobile Home**

Type of Installation:
- □ **New**
- □ **Renewed**
- □ **Repaired**

HOUSE LINE (Exposed Above Grade After Meter)

Test Pressure PSIG: _____ **Duration / Min** _____

Installed and Tested By: _____ **Date:** _____

Installing Firm /Contractor: _____ **Permit #** _____

Contact Person: _____

Address: _____ **Phone #:** _____

Witness: _____

Remarks: _____

Note: Test pressure shall be not less than 1.5 times the proposed maximum working pressure but not less than 3 psig irrespective of design pressure. When test pressure exceeds 125 psig, the test pressure shall not exceed a value that produces a hoop stress in the piping greater than 50% of the specified minimum yield strength of the pipe. Fuel gas pipe installation shall comply with the ICC International Fuel Gas Code installation standards. Please return the completed form to the Stow Building Department, 3760 Darrow Rd., Stow, Ohio 44224 prior to the final heating inspection request. Failure to return the form may hold up issuance of the Certificate of Occupancy. Please call 330-689-2722 if questions and thank you for your cooperation.