



401 South Park Avenue • Winter Park, Florida 32789

407-599-3237 • 407-599-3499 fax  
cityofwinterpark.org

**Building &  
Permitting  
Services**

## PLUMBING/GAS/MECHANICAL TESTING AFFIDAVIT

With the inspector's permission, per SPS 382.21(1)(b)1b, complete entire form. Use of this form is not mandatory. This is a suggested format that a plumber may replace with their own affidavit. Print or type clearly. Call for your rough inspection and inform the inspector that you have completed the testing and the affidavit. Provide this completed form to the inspector prior to or at the time of the rough-in inspection.

DATE OF TEST: \_\_\_\_\_

RESPONSIBLE MASTER: \_\_\_\_\_

RESPONSIBLE MP LICENSE NUMBER: \_\_\_\_\_

Personal Information you provide may be used for secondary purposes [Privacy Law, S 15.04(1)(m)]

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

**TYPE OF PROJECT:**  REMODEL OR ADDITION  REPAIR  NEW  OTHER

If other, explain:

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### TESTING INFORMATION

Sanitary Building Sewer or Private Interceptor Main Sewer:	<input type="checkbox"/> WATER TEST (10' FOR 15 MINUTES)
	<input type="checkbox"/> AIR TEST (3 PSIG FOR 15 MINUTES) *NOT RECOMMENDED FOR PLASTIC PIPE
Water Service or Private Water Main:	<input type="checkbox"/> WATER TEST (WORKING PRESSURE)
	<input type="checkbox"/> AIR TEST (WORKING PRESSURE)
Building Drain:	<input type="checkbox"/> WATER TEST (10' EXCEPT FOR TOP 10' FOR 15 MINUTES)
	<input type="checkbox"/> AIR TEST (5 PSIG FOR 15 MINUTES)
Drain and Vent System	<input type="checkbox"/> WATER TEST (10' FOR 15 MINUTES)
	<input type="checkbox"/> AIR TEST (5 PSIG FOR 15 MINUTES)



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Water Distribution	<input type="checkbox"/> WATER TEST (WORKING PRESSURE)
	<input type="checkbox"/> AIR TEST (WORKING PRESSURE)
Air Admittance Valves	<input type="checkbox"/> MANOMETER TEST TO 1" WATER COLUMN
Mechanical (See 1108.1)	<input type="checkbox"/> TESTED PER ASHRAE 15 <input type="checkbox"/> TESTED NOT LESS/LOWER OF THE DESIGN PRESSURE OR THE SETTING OF THE RELIEF DEVICE. TYPE OF REFRIGERANT: _____ DESIGN PRESURE: _____ TEST: _____ TIME: _____

Signature: \_\_\_\_\_  
Owner

Signature: \_\_\_\_\_  
Contractor