

Village Of West Haverstraw
Gas Piping and Appliances – Downstream of the Gas Meter

To be completed by plumber/installer:

Municipality Permit Number (if applicable) _____

This is to certify that the gas piping and appliances – (check all applicable)

Stove ___ Boiler ___ Fireplace ___
Water Heater ___ Clothes Dryer ___ other (specify) _____

Installed at:
Street Address _____ Apt/Unit Number _____

Town _____ State _____

Meet all requirements of the *New York State Fuel Gas code (International Fuel Gas Code in PA.)*; the equipment manufacturer’s installation instructions; the Orange and Rockland *Natural Gas Installation Handbook* (“Yellow Book” available at oru.com); and all other applicable state and local laws;

AND that a satisfactory leakage test was performed on _____ [date] at a pressure of _____ psi for a duration of _____ minutes

Company Name: _____ Phone: (____) _____

Plumber’s name: _____ License #: _____
(Please print) (if applicable)

Plumber’s Signature _____ Date _____

Is Corrugated Stainless Steel Tubing (“CSST”) present? YES ___ NO ___. If YES I certify that it has been properly bonded to the grounding electrode system of the building:

Installer’s name _____ License#: _____
(Please print) (if applicable)

Installer’s signature _____ Date: _____

Phone Number _____ Fax Number _____

O&R installed the gas meter and/or activated the gas to this premise: YES ___ NO ___
If NO, reason _____

Employee: _____ Date _____