

Gas Certification - Piping and Appliances Downstream of the Meter – New Construction

Municipal Permit Number: _____

_____ of _____, _____, _____
(Installer's Name—print clearly) (Installer's Company) (License #) (Phone #)

hereby certifies that all gas piping and appliances installed at:

_____ (Street Address) _____ (Apartment/Unit) _____ (Town/State)

A) meet all installation requirements of: 1) the *New York State Fuel Gas Code (International Fuel Gas Code in Pa.)*; 2) the equipment manufacturer; 3) the *Orange and Rockland Natural Gas Installation Handbook* ("Yellow Book" available at oru.com); and 4) all other applicable state and local laws; and B) that a satisfactory leakage test was performed on _____ at a pressure of _____ psi for a duration of _____ minutes.
(date)

Remarks: _____

Installer'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:

_____ of _____, _____, _____
(Installer's Name—Print clearly) (Installer's Company) (License #) (Phone #)

Remarks: _____

Installer's Signature: _____ Date: _____

The undersigned municipal code official inspected this location on _____, 20__ and found the gas piping and the following installed gas appliances: **[check all applicable and indicate how many of each]**

stove(__), water heater(__), boiler/furnace(__), clothes dryer(__), gas fireplace(__), other(__)
(specify) _____ to be in compliance.

Municipal Inspector's Name: _____ Municipality: _____

Phone Number _____ Fax Number _____

Remarks: _____

Municipal Inspector's Signature: _____ Date: _____

O&R Use Only

O&R installed a gas meter and/or activated gas at this premise: YES ___ NO ___

If NO, reason _____

Employee Name: _____ Date: _____