



**TOWN OF NORTH CASTLE BUILDING DEPARTMENT
17 BEDFORD ROAD ARMONK, NY 10504
PHONE # (914) 273-8625**

WESTCHESTER COUNTY - METER PIPING TEST VERIFICATION

AFFIDAVIT

This certifies that the gas meter piping installed inside the building

Located at: _____

Section: _____ **Block:** _____ **Lot:** _____

Owner: _____

**has successfully passed a leakage test for _____ hour(s) at pressure
of _____ pounds per square inch on _____
Date**

TEST PERFORMED BY

Plumber's signature: _____

License Number: _____

Plumbing Contractor: _____

Plumbing Inspector: _____

Town of North Castle

Date: _____

Please return completed form to:

**Building & Engineering Department
Town of North Castle
17 Bedford Rd.
Armonk, NY 10504**