City of Southgate

DEPARTMENT OF BUILDING AND SAFETY ENGINEERING

14400 DIX-TOLEDO ROAD, SOUTHGATE, MI 48195

PHONE: (734) 258-3030 FAX: (734) 281-6670

www.southgatemi.org

A2L PRESSURE TEST AFFIDAVIT

Date of Test:

Property Information:

Name: _____

Address: _____

Email: _____

Phone: _____

Technician Information:

Name: _____

Company or Contractor Name: _____

Address: _____

Email: _____

Phone: _____

Refrigerant Type: _____ Equipment Brand: _____

Amount of refrigerant used per #: _____ Model: _____

Serial No.: _____

Test Pressure: _____

Test Duration: _____

I, _____, have performed the refrigeration pressure test and mitigation control (RDMS) test per the manufacturer's specifications. Refrigerant lines are leak-free and meet all applicable code requirements and Southgate ordinance requirements.

Technician Signature Required: _____

Date: _____

The applicant is responsible for paying all fees and charges applicable to this application and must provide their information. I hereby certify that the owner of record authorizes the proposed work and that the owner has authorized me to make this application as his/her authorized agents, and we agree to conform to all applicable laws by the State of Michigan. Section 23a of the state construction code, act 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits will not be refunded or reinstated.