



PRESSURE TEST CERTIFICATION

In accordance with the Florida Building Code 6th Edition (2017) , 454.2.12.1; all pool piping shall be inspected and approved before being covered or concealed. It shall be tested and proved tight to the satisfaction of the administrative authority, under static or air pressure test, of not less than, thirty-five (35) P.S.I. for fifteen (15) minutes. This affidavit is to certify that this portion of the code is in compliance.

Test Data Required:

Start Date: _____ Start Time: _____

Beginning Pressure: _____

End Date: _____ End Time: _____

End Pressure: _____

Company Name: _____

Company Address: _____

Phone # : _____ Email: _____

Permit #: _____

License Holder: _____

License Holder's Signature: _____

Date: _____

Exemption: Circulating pumps need not be tested as required in this section.

I, _____ (Property Owner), hereby certify that

_____ is my authorized agent/representative of the property described herein. All answers to the questions in this registration and any supplementary information attached to and made part of this registration is honest and true.

Signature of Property Owner

Typed or printed name of Property Owner

STATE OF _____ COUNTY OF _____

The foregoing instrument was certified and subscribed before me by means of ___ physical presence OR ___ online notarization, this ___ day of _____, 20 ___, by _____, ___ who is personally known to me OR ___ who has produced _____ as identification.

(SEAL)

Notary Public Signature