

## **Building Construction Services**

For Office Use Only	
Permit Number	
2 0 0	
Application Date	
CSR	

Form 5(d)

## CONTRACTOR AFFIDAVIT

## **SEWER TEST**

Street Number	Street Name			Street Type	Unit#
——— Гах Folio #	Lot		Block	ock Subdivision	
Contractor Name					
Contractor Phone #		Contractor Fax #	or Fax # Contractor License #		
	be provided by the lice ter heater location at the acement.				
I certify that I , t	he undersigned cont	tractor, have perso	onnaly tested	the Gravity Sewer to	conform to
FPC Section 312	2.				
	Start of Time: _	Test			
	Finish o Time: _	of Test			
	Signature of Contr	ractor		Date	<u> </u>
	Printed Name of Co	ntractor			