



# CITY OF SNOHOMISH

116 Union Ave • SNOHOMISH, WASHINGTON 98290 (360) 568-3115 • WWW.SNOHOMISHWA.GOV

## PRESSURE TEST

### AFFIDAVIT

**This affidavit shall be  
uploaded to the permit  
record prior to inspection  
request**

I, \_\_\_\_\_, have performed the refrigeration pressure test as required by Section M1108.1 and manufactures specifications. Refrigerant lines are leak free and meet all code requirements.

Refrigerant Type \_\_\_\_\_

Test Pressure \_\_\_\_\_

Test Duration \_\_\_\_\_

Test Date \_\_\_\_\_

Installer Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Permit number \_\_\_\_\_