

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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OFFICE 602-364-1003 FAX 602-364-1052

UTILITY TESTING REPORT FORM

Permit Number _____

Installation Address _____

Unit Manufacturer _____

HUD Number _____ Serial Number _____

Installer Name _____ License Number _____

Installation Certificate Number _____

Dealer Name _____ License Number _____

Dealer Address _____

ALL TESTS SHALL COMPLY WITH 24 CFR §§ 3280 AND 3285

Note:

Water -3285.603

Sewer -3285.604

Electric -3285.701

Gas -3285.605

WATER TEST 3280.612 _____

SEWER TEST 3280.612 _____

GAS TEST 3280.705 _____

ELECTRICAL TEST 3280.810 (b) _____

Date: _____

Signature: _____

NOTES:
