



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: [shastacounty.gov/resource-management](http://shastacounty.gov/resource-management) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

### POLICY: GAS PIPING/PRESSURE TEST EXEMPTION

(Rev: 01-03-23)

Date: \_\_\_\_\_

PERMIT# \_\_\_\_\_

Project Address: \_\_\_\_\_

**CPC 1203.4 Inspection Waived** - In cases where the work authorized by the permit consists of a minor installation of additional piping to piping already connected to a gas meter, the preceding inspections shall be permitted to be waived at the discretion of the Authority Having Jurisdiction. In this event, the Authority Having Jurisdiction shall make such inspection as deemed advisable in order to be assured that the work has been performed in accordance with the intent of this code.

A maximum of 10' that is not concealed; and uses no other fittings; and does not change direction. The owner and or contractor is responsible to soap test the system prior to the connection of any appliance and final inspection requested. The following is to be completed by A **California licensed contractor or property owner** participating in the **Shasta County Gas Piping/Pressure Test Exemption. *This form must be completed and present at the time of inspection***

Contractor's Name: \_\_\_\_\_ License No. \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_ Phone # (required): \_\_\_\_\_

Contractor's Email: \_\_\_\_\_ FAX #: \_\_\_\_\_

**INSTALLER**

I certify that the installation is in compliance with applicable code requirements and manufactures specifications. I hereby affirm under penalty of perjury and under the laws of the State of California that I am licensed to perform work under provisions of the Business and Professions Code, and my license is in full force and effect.

\_\_\_\_\_  
*Installer's Signature*

\_\_\_\_\_  
*Date*

- OR -

**PROPERTY OWNER**

As the property owner of the project address noted above, I have read, understand and agree to participate in the Gas Pipe Self-Certification Program. I further understand that by participating in this program, an air test will not be inspected by a Shasta County Building Inspector during installation. The Building Division may request and reserves the right to verify code compliance after the installation is complete.

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Email*