

Plumbing Pressure Test Memorandum

Issued by: (Plumber) Registration Number:

Company Name:

Company Address:

Company Contact Details: Ph: Mb: Fx:

To: Hamilton City Council Hauraki District Council Matamata-Piako District Council Otorohanga District Council
 Thames-Coromandel District Council Waikato District Council Waipa District Council Waitomo District Council

Building Consent Number:

Building Owner:

Project Address:

Description of Building Work:

Scope of work covered by statement:

I understand that this Statement, if accepted, may be relied upon for the purpose of establishing compliance with the Building Code and Building Consent.

Signed by: (Plumber) Date: