

THE MUNICIPALITY OF NORTH STRABANE TOWNSHIP

1929 Route 519
Canonsburg, PA 15317

APPLICATION FOR DOCUMENT OF CERTIFICATION

(Please type or print clearly)
(An illegible application will be rejected)
THIS IS A (2) TWO SIDED APPLICATION

Date of Application: _____ **Estimated Closing Date:** _____

Applicant's Name _____
(Present Owner)

Property Address: _____

Phone Number: _____ **Contact Person:** _____
Phone # _____

_____ **House #** _____ **Lot #** _____ **Parcel Identification #520**(list on above line)

It is essential that property be positively identified.

Purchaser's name: _____

Address: _____

PHONE #: _____

Applicant is to return the completed application for Document of Certification to the Township Office with a check/cash for Fifty Dollars (\$50).

Date

Applicant

If violations are indicated on the test and inspection report, they must be corrected before Document of Certification will be issued. If weather conditions prevent dye testing or hardship could result in corrective measure, please contact the Township manager at 745-8880 for alternative procedures.

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REPORT OF TEST AND INSPECTION

THE UNDERSIGNED INSPECTOR APPOINTED BY THE NORTH STRABANE TOWNSHIP MUNICIPAL AUTHORITY has been performed or supervised a dye test of the following property:

This test was conducted on _____
(DATE)

The result of this test are as follows:

CHECK ONE

	Satisfactory	Violation
Down spouts and roof leaders	_____	_____
Area drains receiving storm or surface water (driveway drains, etc.)	_____	_____
Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water)	_____	_____

Manhole No. observed: _____

Watershed: _____

Explain below the location and circumstances of any violation.

I hereby certify that the information contained in this report is true and correct.

Date

Name