

CITY OF ST. MARYS

11 Lafayette Street, P.O. Box 1994

St. Marys, PA 15857

(814) 781-1718

CERTIFICATE OF COMPLIANCE APPLICATION SANITARY SEWER INSPECTION

NAME _____ APPLICATION NO. _____

ADDRESS (mailing) _____

PROPERTY OWNER _____ PHONE NO. _____

ADDRESS (site) _____

COMMENTS _____

SIGNATURE _____

CERTIFICATE OF COMPLIANCE MUST BE APPROVED BEFORE THE CLOSING WILL TAKE PLACE.

FEE: \$30.00 for residential, \$50.00 for commercial/industrial uses (up to 5,000 sq. ft.), \$20.00 for each additional 5,000 sq. ft. of building. FEE MUST BE PAID IN ADVANCE.

Date _____ Amount Paid _____ Check No. _____ Cash _____

(OFFICE USE ONLY)

PROPERTY USE: Residential _____ Other _____

INSPECTION DATE _____ INSPECTORS' INITIALS _____ APPROVED / DENIED

TEST METHODS USED: VISUAL INSPECTION _____ DYE TEST _____ SMOKE TEST _____

COMMENTS _____

2ND INSPECTION DATE _____ INSPECTORS' INITIALS _____ APPROVED / DENIED

COMMENTS _____

INSPECTOR'S SIGNATURE _____ DATE _____

UPON SIGNATURE OF INSPECTOR/AUTHORITY REPRESENTATIVE, THIS APPLICATION SHALL CONSTITUTE THE "CERTIFICATE OF COMPLIANCE".