



CITY OF ST. MARYS

11 Lafayette Street
Saint Marys, PA 15857
(814) 781-1718 x231

Account # _____

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 TAKES 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

(CITY 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".