

Appointment Date \_\_\_\_\_

Account # \_\_\_\_\_

Appointment Time \_\_\_\_\_

# CITY OF ST. MARYS

11 Lafayette Street  
St. Marys, PA 15857  
(814) 781-1718, Extension 231

## CERTIFICATE OF COMPLIANCE APPLICATION SANITARY SEWER INSPECTION

NAME \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

ADDRESS (mailing) \_\_\_\_\_

EMAIL (if you prefer results be emailed) \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ CONTACT PHONE NO. \_\_\_\_\_

ADDRESS (site) \_\_\_\_\_ VACANT (y/n) \_\_\_\_\_

COMMENTS \_\_\_\_\_ SQ. FT (commercial/industrial only) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE MUST BE APPROVED BEFORE THE CLOSING CAN 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 \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_ INSPECTORS' INITIALS \_\_\_\_\_ APPROVED / DENIED

TEST METHODS USED: VISUAL INSPECTION \_\_\_\_\_ DYE TEST \_\_\_\_\_

COMMENTS \_\_\_\_\_

INSPECTOR'S SIGNATURE \_\_\_\_\_

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2<sup>ND</sup> INSPECTION DATE \_\_\_\_\_ INSPECTORS' INITIALS \_\_\_\_\_ APPROVED / DENIED

TEST METHODS USED: VISUAL INSPECTION \_\_\_\_\_ DYE TEST \_\_\_\_\_

COMMENTS \_\_\_\_\_

INSPECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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