

APPLICATION FOR CERTIFICATE OF SEWAGE COMPLIANCE

Application Date: _____

Name of Applicant (seller) _____

Applicant Address _____

Telephone # Home _____ Business _____ Cell _____

Address of property being sold _____

Applicant hereby represents that he/she is aware of no unlawful connections or any other uncorrected defects in their sanitary sewer connection.

I will have the required inspection performed by the following qualified contractor, approved by the City.

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 PA C.S.A. Section 4904, related to unsworn falsifications to authorities.

Date Signature of applicant (must be signed by owners)

CERTIFICATION

I have conducted the following testing on the property listed above on: Date _____ 20____:

? Dye testing of down spouts, and any other connections, (location & results) _____

? Smoke testing of sewer lateral (results): _____

? Televising of lines (location & results): _____

Note: Smoke testing and televising are only required when there is reason to believe dye testing is not providing an accurate indication of lack or presence of unlawful connections or systems defects.

I have found the following problems requiring correction:

- ? None
- ? Lacking inspection port (to be corrected if mandated by City)
- ? Other (Explain)

All identified problems have been corrected as of _____, 20____ or the cost of fixing any unresolved unlawful connections or defects as of this date is estimated at \$ _____.

Statements made herein are true and corrected to the best of my knowledge and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa C.S.A. Section 4904, relating to unsworn falsifications to authorities. Falsify records will cause all licenses and registrations to revoke within the City.

Date _____ Signature _____
(Must be latest date on form) (Approved City Plumber)
Print Name _____
Company Name _____

Provide diagram of property lines, house and tested location:

TEMPORARY CERTIFICATE

Requesting Because:

? Cannot perform work for the following reason: _____

Plumber or Contractor: _____

Have copy of contract? Yes _____ No _____ Amount of Contract \$ _____

Have security deposit, (110% OF Contract) Yes _____ No _____

Statement of Agreement saying who will be responsible for overruns attached: Yes _____ No _____

? Cannot perform Dye Test for the following reason: _____

Cash security deposit of \$1,000.00 given to City: Yes _____ No _____

Written & Signed Agreement to correct work attached: Yes _____ No _____

Temporary granted for _____ days and expires on _____ . Approved by _____

City of Johnstown (valid for one (1) year of date)

Certificate approved by _____ Date _____

(A copy of this form shall be provided to purchaser by seller)