## **APPLICATION FOR DOCUMENT OF CERTIFICATION RESIDENTIAL**

NORTH VERSAILLES TOWNSHIP SANITARY AUTHORITY 1401 GREENSBURG AVENUE\_NORTH VERSAILLES, PA 15137 PHONE 412-823-0629 FAX 412-823-8314

| OWNER(S) NAME   |   | <u> </u>   |
|---|---|--|
| ADDRESS OF PROPERTY TO BE CERTIFIED   |   |  |
| PURCHASER(S) NAME   |   |  |
| CLOSING DATE  |   |  |
| LOT & BLOCK NUMBER  |   |  |
| APPLICANT   |   |  |
| ADDRESS   |   |  |
| TELEPHONE/FAX NUMBER  | E-MAIL  |  |
| APPOINTMENT CAN BE SCHEDULED.  PLEASE HAVE THE PLUMBER YOU H SCHEDULE AN APPOINTMENT WITH APPOINTMENTS CAN ONLY BE SCHE ACCESS TO DWELLING IS NECESSARY LEARN THE RESULTS (PASS OR FAIL)  CCTV INSPECTION RESULTS WILL NO TO 10 BUSINESS DAYS FROM THE DA  IF VIOLATIONS ARE INDICATED ON T | A DESIGNATED REPRESENTATIVE OF THE AUTHODULED MONDAY & TUESDAYS @ 9:30, 11:30 and TO CONDUCT THE DYE TEST, PLEASE TRY TO BE IT TO AVOID DELAYS ON REPAIRS TO BE MADE.  THE AVAILABLE UNTIL REVIEW BY THE AUTHORITY OF TESTING.  THE REPORT OF TEST AND INSPECTION, OR THE COMME | THORITY OFFICE AT LEAST (3) DAYS IN ADVANCE TO PRITY.  1:00  PRESENT OR HAVE A REPRESENTATIVE ON SITE TO  TY ENGINEER IS COMPLETED. THIS COULD TAKE UP |
|   |   | HORITY OFFICE AT 412-823-0629 FOR ALTERNATE  |
| A FULL INSPECTION FEE MAY BE REC<br>IS NEEDED (30) DAYS PAST DATE OF  |   | MAJOR, IE: LATERAL FAILURE OR IF RE-INSPECTION   |
| FOR OFFICE USE ONLY:  |   |  |
| CHECK#CASHAMO   | UNT   | <u></u>  |
| RESIDENTIAL_ COMMERCIAL_  | DYE TEST FEE PAI  | D: YES NO  |