

110 Sunray Drive, Suite 1 Johnstown, PA 15905 Phone: (814) 255-5243 Fax: (814) 255-1805

www.upperyodertownship.org

APPLICATION FOR AND CERTIFICATE OF COMPLIANCE SANITARY SEWER PRESSURE TESTING

PLEASE RETURN TO	TOWNSHIP	OFFICE WITH	\$75.00	INSPECTION	FEE
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C	Date					
1	Property Owner Name					
	Mailing Address					
	Telephone # (Home)	Fax# or Mobil#				
2	Service Address (If different)			Email Address		
3	(Circle One)	le Family Residential	Multi-Family Residentia			
	Ins	stitutional Public	Blended Use Other			
4	Rental Property (Circle One)	YES NO	If Yes, Number of Dwel	ling Units		
5	Reason for Test (Circle One)	Sewer Replaced N	ew Connection Propert	y Transfer Repair/Alter		
		Property Financing	Notice to Comply wi	th Rules		
6	Building Sewer and Building Sewer (lateral)					
	(Circle which apply) Buil	ling Dran Interior of Structure Building		ewer Exterior of Structure		
	Oth	er (Explain)	Demolitio	n		

PROPERTY OWNER CERTIFICATION

The Undersigned Property Owner hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in his/her Building Dran and Building Sewer (lateral) and its connection to the Sanitary Sewer System

_____ CHECK HERE IF PROPETY OWNER REQUESTS TRAP INSTALLATION WAIVER AT OUTSIDE AND INSIDE BUILDING WALL AT PROPERTY OWNER'S RISK

Statements made herein are true and correct to the best of the Undersigned property owner's knowledge, information and belief. The Undersigned acknowledges 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

SCHEDULE "D"

Signatures of Property Owner(s) Date Signed

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