

**THE MUNICIPALITY OF NORTH STRABANE TOWNSHIP**

1929 Route 519

Canonsburg, PA 15317

**APPLICATION FOR DOCUMENT OF CERTIFICATION**

(Please type or print clearly)

(An illegible application will be rejected)

**THIS IS A (2) TWO SIDED APPLICATION**

**Date of Application:** \_\_\_\_\_ **Estimated Closing Date:** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_  
(Present Owner)

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

\_\_\_\_\_ **House #**      \_\_\_\_\_ **Lot #**      \_\_\_\_\_ **Parcel Identification #520**(list on above line)

It is essential that property be positively identified.

**Purchaser's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

Applicant is to return the completed application for Document of Certification to the Township Office with a check/cash for Fifty Dollars (\$50).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

If violations are indicated on the test and inspection report, they must be corrected before Document of Certification will be issued. If weather conditions prevent dye testing or hardship could result in corrective measure, please contact the Township manager at 745-8880 for alternative procedures.

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**REPORT OF TEST AND INSPECTION**

THE UNDERSIGNED INSPECTOR APPOINTED BY THE NORTH STRABANE TOWNSHIP MUNICIPAL AUTHORITY has been performed or supervised a dye test of the following property:

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This test was conducted on \_\_\_\_\_  
(DATE)

The result of this test are as follows:

CHECK ONE

Satisfactory

Violation

Down spouts and roof leaders

\_\_\_\_\_

\_\_\_\_\_

-

Area drains receiving storm or surface water (driveway drains, etc.)

\_\_\_\_\_

\_\_\_\_\_

Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water)

\_\_\_\_\_

\_\_\_\_\_

Manhole No. observed: \_\_\_\_\_

Watershed: \_\_\_\_\_

Explain below the location and circumstances of any violation.

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I hereby certify that the information contained in this report is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name