

# Sandy Township Supervisors

P.O. BOX 267 • DUBOIS, PA 15801 • PHONE (814) 371-4220 • FAX (814) 375-7837 • E-MAIL info@sandytownship.net

## CERTIFICATE OF COMPLIANCE (Ordinance No. 4 – 2019)

ADDRESS OF PROPERTY FOR INSPECTION: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_ Phone Number # \_\_\_\_\_

Agent or Other Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email or Fax Approval Certificate to: (fax # or email) \_\_\_\_\_

I hereby grant approval to permit Sandy Township representative(s) the right of entry onto my property for the purpose of making the necessary inspections required under Ordinance No. 4-2019.

Signature: \_\_\_\_\_ Date of Application \_\_\_\_\_

Non-Refundable Fee of \$150.00 paid by check # \_\_\_\_\_ Received: (date) \_\_\_\_\_ (initial) \_\_\_\_\_

**\*PROPERTY REPRESENTATIVE MUST BE ON SITE AT TIME OF TESTING\***  
**\*MUST HAVE WATER ON SITE FOR TESTING – AT LEAST 25 GALLONS\***

(This portion completed by Township)

Date Test Scheduled: \_\_\_\_\_ Time: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
(date) (initial)

DENIED: \_\_\_\_\_  
(date) (initial)

REASON FOR DENIAL: \_\_\_\_\_

### RETEST (if applicable)

Scheduled for: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>ND</sup> INSPECTION BY: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
(date) (initial)

DENIED: \_\_\_\_\_  
(date) (initial)

*(Second Denial – must submit new application)*

COMMENTS: \_\_\_\_\_

### APPROVAL OF CERTIFICATE OF COMPLIANCE

\_\_\_\_\_  
Approved by (Signature)

\_\_\_\_\_  
Date

Approval based on Escrow only – Yes \_\_\_\_\_ No \_\_\_\_\_