

# 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)

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

Signature \_\_\_\_\_

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

Print Applicant Name: \_\_\_\_\_

Agent or Other Representative: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Non-Refundable Fee of \$150.00 paid by check # \_\_\_\_\_

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

## APPROVAL OF CERTIFICATE OF COMPLIANCE

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

\_\_\_\_\_  
Date

Escrow: YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Test: \_\_\_\_\_ Time \_\_\_\_\_

Date of Retest: \_\_\_\_\_ Time: \_\_\_\_\_

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

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

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

RECHECK date: \_\_\_\_\_  
by: \_\_\_\_\_

APPROVAL date: \_\_\_\_\_

Inspected