

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)

(Completion Required Prior to Transfer of Property)

*** Please note this form is applicable only if you have sewage provided by Sandy Township**

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: _____

2ND 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 _____