

**"CITY OF ST. MARYS"**  
(814) 781-1718 ext. 233  
**"CERTIFICATE OF COMPLIANCE"**  
**APPLICATION/SANITARY SEWER INSPECTION**

NAME \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

ADDRESS (MAILING) \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS (SITE) \_\_\_\_\_ LOT NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*CERTIFICATE OF COMPLIANCE MUST BE APPROVED BEFORE THE CLOSING WILL TAKE PLACE. A FEE OF \$30.00 for residential, \$50.00 for commercial/Industrial uses (up to 5000 sq. ft.) \$50.00 for each additional sq. ft. of Building.. MUST BE PAID FOR IN ADVANCE.*

DATE \_\_\_\_\_ CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_

**Office Use Only** \*\*\*\*\*

PROPERTY USE: RESIDENTIAL \_\_\_\_\_ OTHER \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_ INSPECTORS INITIALS \_\_\_\_\_ APPROVED/DENIED

TEST METHODS USED: VISUAL INSPECTION \_\_\_ DYE TEST \_\_\_ SMOKE TEST \_\_\_

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

2<sup>nd</sup> INSPECTION DATE: \_\_\_\_\_ INSPECTORS INITIALS \_\_\_\_\_ APPROVED/DENIED

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

INSPECTORS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**UPON SIGNATURE OF INSPECTOR/AUTHORITY REPRESENTATIVE, THIS APPLICATION SHALL CONSTITUTE THE "CERTIFICATE OF COMPLIANCE"**

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