



Ben Avon Heights Borough  
6 Lynton Lane  
Pittsburgh, PA 15202

## Application for Evidence of Compliance

Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### **Property to be certified:**

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

Lot & Block: \_\_\_\_\_

Purchaser Name(s) : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Closing Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant is to provide this form to a registered, licensed plumber who shall perform the tests indicated within 21 days of the sale or refinancing of any property connected to the Sanitary Sewer Lines. Applicant shall return the completed original form along with a check for twenty-five (\$25.00) dollars payable to the Borough of BenAvon Heights  
***Any violations must be corrected before an Evidence of Compliance Certificate will be issued.***  
***Mail completed forms & \$25.00 fee to 6 Lynton Lane, Pittsburgh, PA 15202***

### **Report of Test and Inspection**

This Report is to be completed by the registered, licensed plumber performing the dye test on property.

This test was conducted on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

#### **Downspouts and Roof Leaders**

Total Number \_\_\_\_\_ Number Satisfactory \_\_\_\_\_ Number in Violation \_\_\_\_\_

#### **Area Drains Receiving Surface Water (Driveway, Etc.)**

Total Number \_\_\_\_\_ Number Satisfactory \_\_\_\_\_ Number in Violation \_\_\_\_\_

Use reverse side of form to describe location and circumstance of any violation or for sketch

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

Date: \_\_\_\_\_

Company: \_\_\_\_\_

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

Plumber Name (Please Print): \_\_\_\_\_

Signature of Plumber: \_\_\_\_\_

Registration Number: \_\_\_\_\_

EXPIRATION DATE OF DYE TEST \_\_\_\_\_