

APPLICATION FOR CERTIFICATE OF COMPLIANCE
DYE TEST AND INTERIOR INSPECTION REQUEST FORM
(\$125.00 Check or Money Order payable to "MAWT¹")

Property Owner: _____

Property Street Address: _____

City, State, Zip: _____

Tax Map No.: _____

Water/Sewer Account No. (if known): _____

Seller's Realtor: _____ Agency: _____

Daytime Telephone No.: _____ Fax No: _____

Reason for Request: SALE REFINANCE OTHER: _____

Name of Purchaser (If Sale): _____

Closing Date: _____

Closing Company: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Daytime Telephone No.: _____ Fax No: _____

Today's Date: _____ Fee Paid: _____ Check No. _____

FOR OFFICE USE ONLY

Billing Area: _____ Acct. No.: _____

Date Issued: _____

Date of Scheduled Inspection: _____

Water on: Yes / No

¹ The Applicant is required to schedule the dye test within three (3) days of submitting the Application for Certificate of Compliance by calling The Municipal Authority of Washington Township at 724-929-3370