

APPLICATION FOR CERTIFICATE OF COMPLIANCE  
DYE TEST AND INTERIOR INSPECTION REQUEST FORM  
(\$125.00 Check or Money Order payable to "MAWT<sup>1</sup>")

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. \_\_\_\_\_

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FOR OFFICE USE ONLY

Billing Area: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

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

Date of Scheduled Inspection: \_\_\_\_\_

Water on: Yes / No

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<sup>1</sup> 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