

TOWNSHIP OF SOUTH STRABANE

550 Washington Road
Washington, Pennsylvania 15301-9622
724-225-9055
FAX: 724-225-2035

APPLICATION FOR DYE TEST

1. Please provide all information requested.
2. Fee of \$185 must accompany application.
Make check payable to "South Strabane Township".
3. Should the property fail the first inspection, each additional inspection shall be billed at \$35.00.
4. Upon passing the inspection, a Document of Certification shall be issued by the Township Secretary, valid for one (1) year from the date of issuance.

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE
PROPERTY TO BE SOLD**

PROPERTY

ADDRESS: _____

OWNER (SELLER): _____

CONTACT INFORMATION TO PERFORM THE DYE TEST

PHONE NUMBER: _____

CONTACT NAME: _____

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED _____ AMOUNT _____

CHECK # OR CASH _____

DATE FORWARDED TO WEWJA _____

DATE CERTIFICATION ISSUED _____