Date of application:	
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## SANITARY SEWER CERTIFICATION APPLICATION

Property Address:			
Current Owner:			
Buyer's Name:			
Buyer's Address:			
Closing Agent:	Name		
	Phone		
Closing Date:			
Where is the Location	n that the storm water gutters an	nd drains are discharging:	
Dye Testing Date:			
	ove property has been dye test anitary sewer system of the Bo	ted and all storm water gutters and drain orough of Dormont.	is are not
Plumber's Name (plea	se print)	Telephone #	
Address		Registration ID #	
Signature		Date	
The Borough of Dorm	ont Requires Plumbers to be Reg	istered with Allegheny County Health Depart	tment
•	cations may be mailed, dropped over Requires the original Form. A	off, or Faxed: 412-561-7805 Il Registration ID#'s are Verified through All	legheny County.

Application Fee: \$25.00