

East Deer Township

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SMOKE OR DYE TESTING AND INSPECTION APPLICATION

CERTIFICATION AND EVIDENCE OF COMPLIANCE

This form shall be considered the APPLICATION for a smoke or dye test CERTIFICATION, and by signature of the Township Official EVIDENCE of COMPLIANCE with the Township's Ordinance and its amendments as adopted by the Board of Commissioners.

By signing the Certification located on this form for that purpose, the registered plumber or home inspector hereby indicates that they have read and understand the Smoke or Dye Testing Procedures, and that all procedures have been adhered to in the performance of the smoke or dye test.

CURRENT OWNER _____

STREET ADDRESS _____

LOT & BLOCK # (IF KNOWN) _____

DATE TEST PERFORMED _____

The results of the test(s) are as follows:
(Please check one)

	<u>SATISFACTORY</u>	<u>VIOLATION</u>
Downspouts and roof drains	_____	_____
Area drain receiving storm or surface Water (driveway drains, etc.)	_____	_____
Fresh air vent (Must be of height and Locations as to prevent entry of storm or Surface water)	_____	_____

Explain below the location and circumstances of any violation found, and the remedy:

I hereby certify that the information contained in this report is true and correct in all respects, to the best of my knowledge and belief:

PLUMBER OR HOME INSPECTOR _____

ADDRESS _____

PHONE NUMBER _____

DATE _____

ACCEPTANCE OF TOWNSHIP OFFICIAL

DATE PAID _____

ACCEPTED AS PROOF OF COMPLETION OF TESTING AS REQUIRED:

Township Office Signature

DATE _____