



City of Beaver Falls
 Dept. of Code Enforcement & Zoning
 715 Fifteenth Street, Beaver Falls, PA 15010
 Office: (724) 847- 2808 Ext. 200
 Fax: (724) 847-4748
www.beaverfallspa.org

SMOKE / DYE TEST REQUEST FORM

\$75.00 FEE

MISSED/RE-INSPECTION FEE: \$25.00

TWENTY-ONE (21) DAYS IN ADVANCE OF CLOSING:

TEST TIMES:

MONDAY THRU FRIDAY 9:00 AM - 12:00 PM

WATER MUST BE TURNED ON!

I. PROPERTY INFORMATION: USE A SEPARATE FORM PER STRUCTURE

ADDRESS/ LOCATION OF PROPERTY:	No of Units:	Tax Parcel Number:
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NUMBER OF DWELLING STRUCTURES:	NUMBER OF ACCESSORY USE STRUCTURES:
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<input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> TWO- FAMILY DWELLING	<input type="checkbox"/> MULTI-FAMILY DWELLING _____ UNITS
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<input type="checkbox"/> COMMERCIAL WITH _____ RESIDENTIAL UNITS	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL
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PROPERTY OWNER:

ADDRESS:

CITY, STATE, ZIP:

DAYTIME PHONE: ()	CELL PHONE: ()	FAX: ()
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I hereby I agree to conform to all applicable laws of this jurisdiction. I understand that any falsification could lead to denial or criminal penalties, or revocation of any permit pursuant to this application.

Property Owner - Print

Property Owner - Signature

Date

***** THIS SECTION OFFICE USE ONLY *****

II. RESULTS:

INSPECTION DATE: / / TIME:

DYE	RESULTS OF SANITARY FIXTURES (toilets/sinks/showers/Basement, etc.) INTO SEWER SYSTEM:	
	1 ST COLOR DYE SEEN	1 ST COLOR DYE SEEN
	IN SANITARY SEWER SYSTEM:	IN SANITARY SEWER SYSTEM:
	"POSITIVE TEST" _____	"NEGATIVE TEST" _____
	IF NO DYE FOUND SUSPECT SEWAGE GOING INTO : _____	

SMOKE	RESULTS OF STORM WATER FIXTURES (Downspouts/ French drains/ Driveway Drains, etc.) INTO SEWER SYSTEM:	
	1 ST COLOR SMOKE SEEN	1 ST COLOR SMOKE SEEN
	IN SANITARY SEWER SYSTEM:	IN SANITARY SEWER SYSTEM:
	"POSITIVE TEST" _____	"NEGATIVE TEST" _____
	PLUMBER TO SUPPLY A WRITTEN REPAIR LIST, IF STORM WATER FOUND TO BE IN SANITARY SEWERS.	

COMMENTS & CONDITIONS:

PASS (Issue Certificate of Compliance)	_____	_____	_____
FAIL (Deny Certificate of Compliance)	_____	City Representative / Inspector	Date

III. PAYMENT:

INSPECTION FEE \$	DATE PAID: / / 20	CASH	CHECK # _____
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