



City of Beaver Falls  
 Dept. of Code Enforcement & Zoning  
 715 Fifteenth Street, Beaver Falls, PA 15010  
 Office: (724) 847- 2808 Ext. 219  
 Fax: (724) 847-4748  
[www.beaverfallspa.org](http://www.beaverfallspa.org)

SMOKE / DYE TEST REQUEST FORM  
 \$50.00 FEE

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

TEST TIMES:  
 MONDAY THRU FRIDAY 9:00 AM - 2:00 PM

**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
<input type="checkbox"/> COMMERCIAL WITH _____ RESIDENTIAL UNITS	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

*I hereby 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: \_\_\_\_\_

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

<b>SMOKE</b>	RESULTS OF STORM WATER FIXTURES (Downspouts/ French drains/ Driveway Drains, etc.) INTO SEWER SYSTEM:	
	1 <sup>ST</sup> COLOR SMOKE SEEN	1 <sup>ST</sup> 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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