

EAST FRANKLIN TOWNSHIP SEWAGE DEPARTMENT

106 Cherry Orchard Avenue, Kittanning PA 16201

Phone: 724.548.2310 ♦ Fax: 724.543.3015

APPLICATION FOR DOCUMENT OF CERTIFICATION

Address of Property to be Certified: _____

Map Number: _____

CURRENT OWNER INFORMATION:

Name: _____ Phone #: _____

Address: _____

Real Estate Agent: _____ Phone #: _____

NEW OWNER/PURCHASER'S INFORMATION:

Name: _____ Phone #: _____

Address: _____

Proposed Closing Date: _____

CERTIFICATION FEE:

Paid \$ _____ on _____ Check # _____ Rec'd by _____

*Payment must accompany application. Please make check payable to East Franklin Township.

PERSON TO BE CONTACTED BY EFT FOR SCHEDULING A DATE & TIME FOR THE INSPECTION:

Name: _____ Phone #: _____

Application Date	Applicant's Name (printed)	Applicant's Signature
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If violations are indicated on the Inspection Report, they must be corrected before the Document of Certification can be issued. All corrections must be inspected by a representative of East Franklin Township.