

BMA Inspection No. _____

Certificate of Compliance
Ordinance No. 974
Application
(Smoke/Dye Testing)

I hereby grant approval to permit the designated representative(s) of the Brookville Municipal Authority the right of entry on my property for the purpose of making the necessary inspection required under Ordinance No. 974.

Signature: _____

Address for Property Inspection: _____

Name of Applicant: _____

Address: _____

Phone Number: _____

Agent (If Other Than Property Owner): _____

Date Application Filed: _____

Non-Refundable Fee of \$50 Paid Yes _____ No _____

Municipal Authority Use

Inspected By: _____ Date: _____

Approved: _____ Denied: _____

Information: _____

Recheck: _____ Approved: _____

Date

Date

Approval for Certificate of Compliance

Clyde Bullers
Wastewater Commissioner

Date