

**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 No. 1870 and its amendments and any amendment to Resolution No. 1209 as may be adopted by the Board

By signing the Certification located on this for for that purpose the registered plumber r hoe inspector indicates that they have read and understand the Smoke and Dye Testing Procedures as adopted under Resolution No. 1281 and that all procedures have been adhered to in the performance of the smoke or dye test

CURRENT OWNER _____

STREET ADDRESS _____

LOT & BLOCK NO. IF KNOWN _____

DATE TEST PERFORMED _____

The results of the test(s) are as follows: Please Check One

SATISFACTORY

VIOLATION

**DOWNSPOUTS &
ROOF DRAINS** _____ _____

**AREA DRAIN RECEIVING
STORM OR SURFACE WATER
(DRIVEWAY DRAINS, ETC.**

**FRESH AIR VENT (Must be of a height
and location as to prevent entry of
Storm or Surface water** _____

**EXPLAIN BELOW THE LOCATION AND CIRCUMSTANCES OF ANY
VIOLATION FOUND AND ITS 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 _____
SIGNATURE _____
ADDRESS _____
PHONE NUMBER _____
DATE _____

ACCEPTANCE BY TOWNSHIP OFFICIAL

DATE PAID _____

**ACCEPTANCE AS PROOF OF
COMPLETION OF TESTING
AS REQUIRED** _____

DATE ACCEPTED _____

**INSTRUCTIONS FOR HARRISON TOWNSHIP
DYE TESTING PROCEDURES**

**ARTICLE 7, RESOLUTION NO. 1209
ADOPTED JANUARY 24, 2000**

**FOLLOWING ARE THE PROCEDURES FOR COMPLETING AN
ACCEPTABLE DYE TEST CERTIFICATION FOR THE TOWNSHIP OF
HARRISON:**

**PLEASE CONTACT THE SUPT. OF PUBLIC WORKS AT 724 224 5540
FOR INSPECTION OF ANY VIOLATIONS AND FOR FURTHER
INFORMATION**

- 1. WHEN A VIOLATION IS FOUND YOU MUST CONTACT THE SUPT.**
- 2. ONCE THE VIOLATION IS CORRECTED THE TOWNSHIP MUST
BE NOTIFIED SO WE MAY REVIEW AND TAKE A PHOTO OF IT FOR
OUR RECORDS**
- 3. PROPER EXPLANATION WILL BE DETAILED ON THE FORM
SHOWING ANY PROBLEMS AND THE CORRECTIONS**
- 4. THESE PROCEDURES WILL BE FOLLOWED OR THE
CERTIFICATION MAY NOT BE ACCEPTED**
- 5. THE PUBLIC WORKS DEPARTMENT HAS FIVE BUSINESS DAYS
FROM THE INITIAL CONTACT TO INSPECT ANY CORRECTED
VIOLATIONS**