

Borough of Glassport

440 Monongahela Ave, Glassport PA 15045 Tel (412)672-7400 Fax (412) 672-7090

APPLICATION FOR CERTIFICATE OF OCCUPANCY

LOCATION: _____ ZONING DISTRICT: _____

APPLICANT: _____ PHONE #: _____

ADDRESS: _____

PROPERTY OWNER: _____ PHONE #: _____

ADDRESS: _____

BUYER/TENANT: _____ PHONE #: _____

ADDRESS: _____

PROPOSED OCCUPANCY: _____

(SINGLE FAMILY DWELLING – TWO FAMILY DWELLING – MULTI FAMILY DWELLING – COMMERCIAL – INDUSTRIAL)

CONTACT PERSON: _____ PHONE #: _____

Report Deliver To: _____ Mail: _____ Email: _____

Email Address: _____

ALL INSPECTIONS BECOME VOID THIRTY (30) DAYS FROM THE DATE OF INSPECTION
NO STRUCTURE MAY BE OCCUPIED PRIOR TO THE ISSUANCE OF A
CERTIFICATE OF OCCUPANCY

SIGNATURE OF APPLICANT: _____ DATE: _____

----- OFFICIAL USE ONLY -----

1ST DATE: _____ DAY: _____ TIME: _____ AM / PM PASSED ___ FAILED ___

2ND DATE: _____ DAY: _____ TIME: _____ AM / PM PASSED ___ FAILED ___

Permit Fee: _____ Check #: _____ Monthly Report: _____ C.O.G.: _____

BOROUGH OF GLASSPORT

440 Monongahela Avenue
Glassport, PA 15045
412-672-7400
412-672-7090 (Fax)

REQUIRED PROCEDURES FOR DYE TESTING OF STRUCTURES DYE TESTING OF STRUCTURES

The following procedures shall be followed when performing a Dye Test of any Structure or Facility within the Borough of Glassport:

1. The qualified person or firm shall perform all required observations and testing and shall maintain a written record of ALL pertinent data. At a minimum, a sketch of the buildings showing all storm water drains with their point of discharge shall be made and turned over to the municipality as part of the Certificate of Compliance.

Qualified personnel for the required dye testing shall be defined as a Registered Master Plumber with a current Health Permit issued by the Allegheny County Health Department-Plumbing Division

2. Research the Borough's Sewer System to locate the closest downstream manhole accessible for observation. Identify on the sketch one internal plumbing fixture and dye test same to verify connection and flow into the manhole selected.
3. Perform a visual evaluation of all connections both internally and externally to determine obvious areas either directly discharging onto the ground surface or otherwise conclusively not connected into the municipal sanitary sewer system.

All other connections from roof connectors, downspouts, driveway drains, area drains, and any other such facilities shall be tested and verified by means of dye test procedures. Locate each on the facility sketch and indicate their type of discharge.

4. ALL facilities described in #3 above, shall be individually dye tested and completely verified for point discharge either to the ground surface, roadway and/or curb line, adjacent storm sewer, connected to the combination sanitary/storm sewer system or illegally connected into the municipal sanitary only sewer systems.

Clearly indicate all VIOLATIONS when working within the separate sanitary sewer system areas of the Borough.

ALL required written and photographic verification shall be provided and submitted to the Borough of Glassport and a copy maintained on file with the property owner for future reference.

BOROUGH OF GLASSPORT

440 Monongahela Avenue

Glassport, PA 15045

412-672-7400

412-672-7090 (Fax)

**TEMPORARY CERTIFICATE OF COMPLIANCE
DYE TESTING OF STRUCTURES**

Applicant has provided in the Borough of Glassport with all of the following for the property at _____ owned by _____ and to be sold to _____.

1. Written explanation of the practical hardship;
2. Cash security in the amount of \$1,000.00;
3. An executed agreement by the purchaser/transferee accepting responsibility for all costs in excess of the cash security; and
4. An easement or other license executed by the purchaser/transferee allowing the Borough to enter upon the property to complete the work in case of default by the applicant.

Applicant/Owner's Signature

Date

Printed Name

Purchaser's Signature

Date

Printed Name

Upon expiration of the Temporary Certificate of Compliance, the cash security shall be forfeited to the Borough and the borough may apply the cash security to complete the necessary work. If the remedial work is completed prior to the expiration date, the Borough shall return the cash security to the applicant or to his/her designee.

For Municipal Use Only

Certificate Number: _____

Expiration Date: _____

Received by Borough on this Date

Temporary Certificate Number _____

Signature of Borough Official

BOROUGH OF GLASSPORT

440 Monongahela Avenue
Glassport, PA 15045
412-672-7400
412-672-7090 (Fax)

**APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE FACILITY AND
STRUCTURE DYE TESTING**

Date of Application: _____ Plumber's Name: _____
Owner: _____ Company: _____
Address: _____ Address: _____
Owner's Phone No: _____ Phone No: _____

1. This is to certify that I, _____ have reviewed the Borough Sewer System Map in the area of the noted facility and by dye testing of an internal plumbing fixture have determined the facility to be connected to one of the following: (Check A or B)

- A) Not connected, Septic System
- B) Connected to the Borough's Combination Sewer System as verified by dye test and visually observed by me in the manhole located at _____ and designated as manhole # _____ on the Sewer Manp.. No exterior dye testing is required in the combination sewer system area.

Signature Date: _____

C) Connected to the Sanitary Sewer System. I further certify I have inspected and dye tested all roof drainpipes and area drains located on the above property to determine if any storm or surface water is illegally connected to the Borough's Sanitary Sewer System. (Check 1 or 2)

- 1) I find that NO storm or surface water drains are connected to the sanitary sewer system.
- 2) I find that there ARE storm or surface water drains connected to the sanitary sewer system.

Date: _____

I have sketched the facility and indicated the location of all downspouts and drains on the back hereto (attached) and clearly indicated ALL illegal drain(s) connected and the discharge point (ground, storm sewer, street gutterline, etc.) of all tested drains within the site.

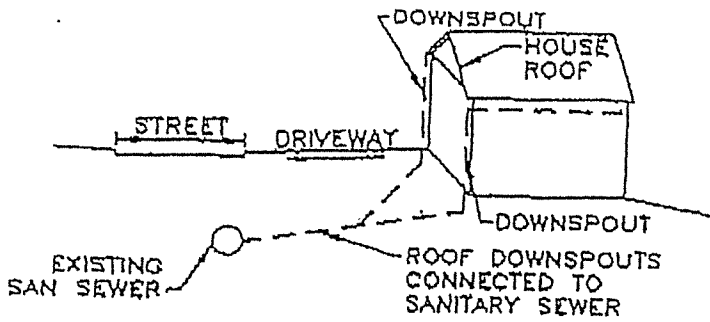
For Municipal Use Only

Amount of Check	Sketch verified as completed. Application complete and check received.	Certificate of Compliance No.
Date Received	Borough Official Signature	Date Issued

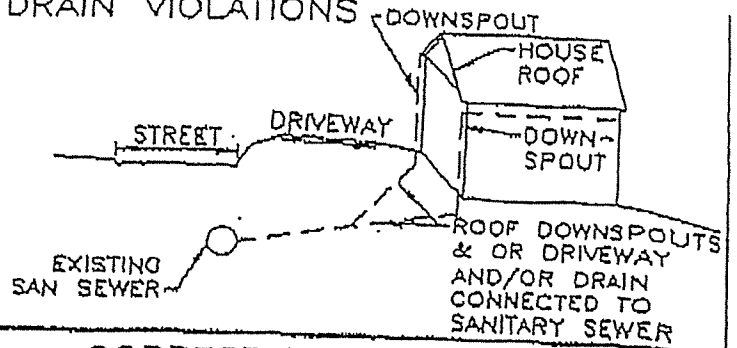
This is to certify that the above violations were inspected on _____ and all illegal drains have been removed from the sanitary sewer.

By: _____
Signature

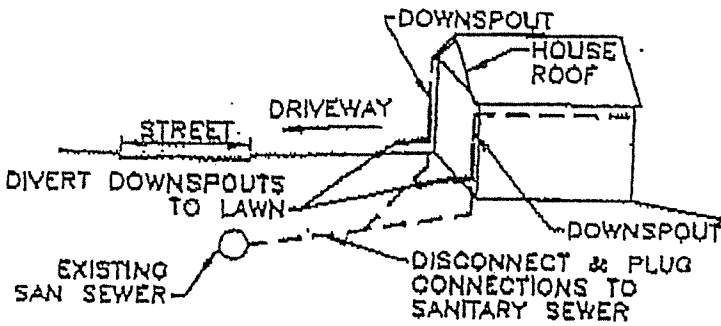
DOWNSPOUT VIOLATIONS



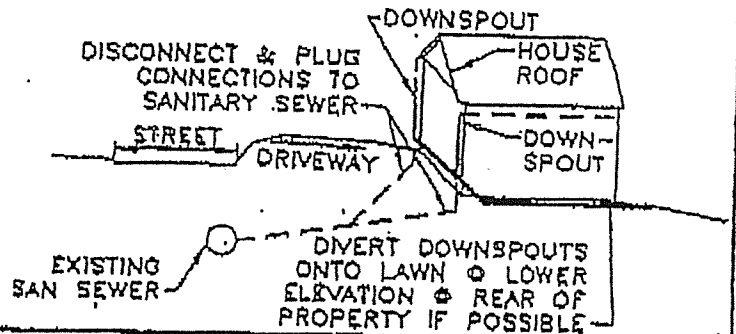
DOWNSPOUT DRIVEWAY AREA DRAIN VIOLATIONS



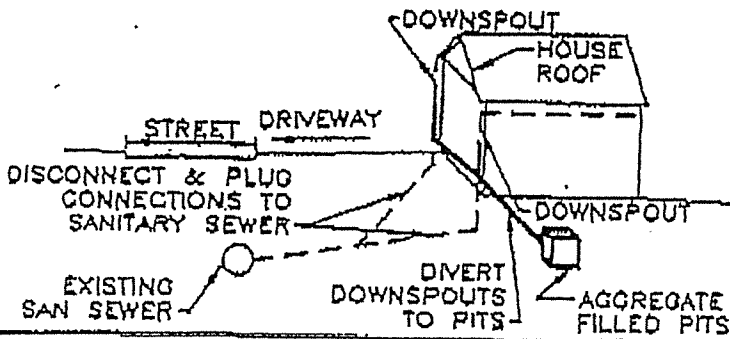
CORRECTION A



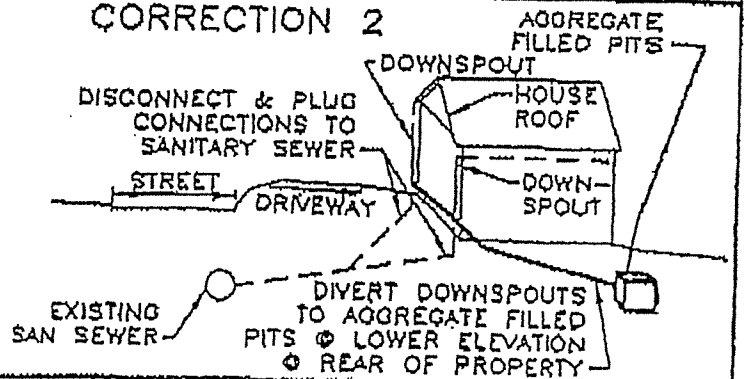
CORRECTION 1



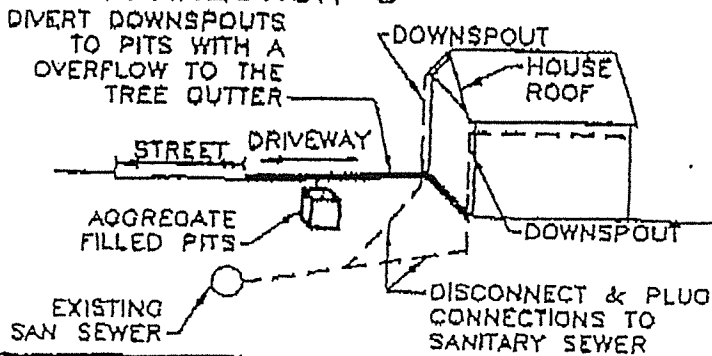
CORRECTION B



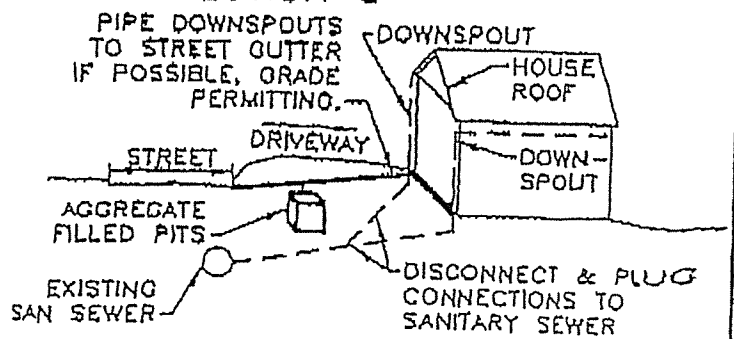
CORRECTION 2



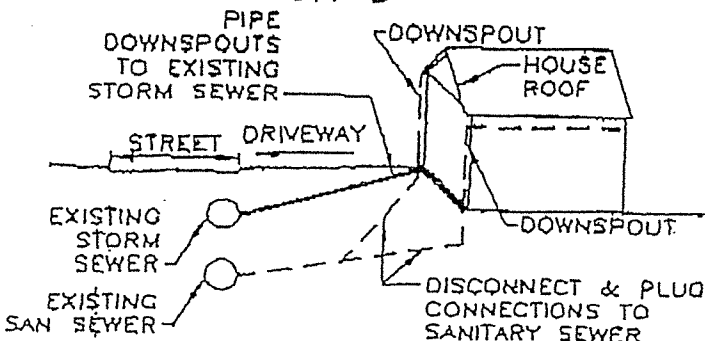
CORRECTION C



CORRECTION 3



CORRECTION D



CORRECTION 4 SAME AS CORRECTION D IF STORM SEWER IS AVAILABLE.

IF CORRECTIONS 1, 2, 3, OR 4 ARE NOT APPLICABLE, A SUMP AND SUMP PUMP WITH PIPING, MAY BE USED, TO DISCHARGE STORM WATER INTO STREET GUTTER LINES.