

BMA Inspection No. \_\_\_\_\_

**Certificate of Compliance**

Email   Fax   Mail   (Circle One)

**Ordinance No. 974**

Results to: \_\_\_\_\_

**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: \_\_\_\_\_ Date \_\_\_\_\_ Approved: \_\_\_\_\_ Date \_\_\_\_\_

**Approval for Certificate of Compliance**

\_\_\_\_\_  
Aaron Haines  
Wastewater Commissioner

\_\_\_\_\_  
Date