BOROUGH OF TRAFFORD
COMMERCIAL SEWER LATERAL
INSPECTION APPLICATION

$350.00 inspection fee made payable to: *Borough of Trafford*
(Note: inspection to be performed only by the Trafford Borough Public Works Department)

Date: _____

Address to be inspected: _____

Name of Applicant: _____ Phone: _____

Property Owner: _____ Phone: _____

Prospective Buyer: _____ Phone: _____

Public Works personnel must have access to the building in order to perform this inspection but will not enter without the owner or owner's agent present. The scheduling process may take up to two weeks so please plan accordingly.

Contact Person: _____ Phone: _____

Two subsequent failed inspections will result in an additional fee of $150.00 per visit.

OFFICIAL USE ONLY

This is to certify that _____ was inspected on _____ by
(address of inspection) (date)
the Trafford Borough Public Works Department. The results of the inspection are indicated below:

[ ] No infiltration of visible deficiencies in the Sanitary Sewer Lateral was observed during this inspection. The sewer lateral PASSED inspection; no additional work is required at this time.

[ ] Deficiencies have been observed in the sanitary sewer lateral; therefore, the sewer later FAILED inspection. Additional work and reinspection is required. Specific details of the violation(s) and corrective methods will be provided on a separate form.

The sewer lateral inspection requirements have been satisfactorily completed.

_____
Trafford Borough Public Works Department

Borough of Trafford
414 Brinton Avenue | P.O. Box 196 | Trafford, PA 15085
Phone: (412) 372-7652 | Fax: (412) 372-7654