



The Municipal Authority of the Borough of Derry
620 North Chestnut Street
Derry, PA 15627
Phone: 724-694-2305 Fax: 724-694-8753

Application for Sanitary Sewer Lateral Line Inspection/Testing

Current Property Owner: _____

Property Address: _____

City, State, Zip: _____

Tax Map No: _____ No of Units: _____

By signing below, the current Owner(s) is/are granting permission to DBMA or its representatives to enter on to the subject property to inspect and conduct surface water and CCTV testing, and if necessary, conduct follow up inspection(s).

Current Owner Signature: _____ Date: _____

Current Owner Signature: _____ Date: _____

Reason for Request: Sale/Refinance/Other (If other list reason) _____

If sale: Name the purchaser _____

Closing Date: _____ Requested by (Circle one) : Owner Realtor Other

Requester Name: _____

Requester Address: _____

Contact Person : _____ Contact Phone : _____

Today's Date: _____ Fee Paid _____ Check No. _____

This form must be submitted along with a separate check or money order in the amount of \$150.00 made payable to MABD. Results will be returned to the requester named above.

For Office Use Only

Date Application Received: _____

Acct No _____

Date of Scheduled Inspection: _____

Date of Original Inspection: _____

Date of Last Re-Inspection: _____

Inspection Required: Yes/No

Results: _____