

City of Washington Office of the City Clerk

Christy S. Thomas, City Clerk
55 West Maiden Street
Washington, PA 15301
Phone: 724-223-4200 Ext 6
Fax: 724-223-4229

APPLICATION FOR DYE TEST

1. Please provide all information requested.
2. Fee of **\$140.00** must accompany application. Make check payable to "City of Washington".
3. Should the property fail the first inspection, each additional inspection shall be billed at \$35.00.
4. Upon passing the inspection, a Document of Certification shall be issued by the City Clerk, valid For one (1) year from the date of issuance.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PROPERTY TO BE SOLD.

Property Address: _____

Property Owner(S) (Seller): _____

Owner's Address (if different than property address): _____

Owner's Telephone Number: _____

Please provide the following information about the owner's representative (i.e. realtor, attorney, etc.)
This should be a contact person or agency who can provide access to the property for inspection.

Contact's Name: _____

Contact's Telephone Number: _____

FOR OFFICE USE ONLY

Date Payment Received _____ Amount _____ Check or Cash _____

Date Forwarded to WEWJA _____ Date Certification Issued _____