



PHONE (724) 745-1800
FAX (724) 745-8850

BOROUGH OF CANONSBURG

"THE FUTURE IS NOW, IT IS HERE IN CANONSBURG"

INCORPORATED 1802

68 EAST PIKE STREET

CANONSBURG, PA 15317

JEFFERSON COLLEGE
FIRST COLLEGE WEST OF THE ALLEGHENYS

Please read this letter as there have been changes effective as of May 2018 to the Canonsburg Borough's process in handling Real Estate Transfers.

The five-step procedure includes (1) an approved dye test, (2) a certificate of approved zoning, (3) an occupancy inspection, (4) a municipal lien letter and (5) a sewage lien letter.

You must provide letter requesting the lien letters for the property, there is not a specific form

Please ensure the following information is filled in on the application:

Parcel Number

A contact person and phone number of the person(s) who can allow our Fire Inspector into the home
Purchaser's current address

If any of the forms are incomplete, we will mail them back in the envelopes provided which may result in lost time for the scheduled closing date. Please ensure everything on the forms are filled in.

A \$185 check made payable to the "Borough of Canonsburg" includes:
Dye Test (\$50), Zoning Certificate (\$50), Safety Inspection (\$75) and Municipal Lien Letter (\$10)
If the property is a multi-unit residence, the cost will be \$75 for each unit.
If the property is commercial, the cost of the inspection is \$100.

A separate \$10 check made payable to "CHJSA" covers the sewage lien letter and mailed to:
Canonsburg-Houston Joint Sewer Authority (CHJSA)
68 East Pike Street #103, Canonsburg, PA 15317

To home sellers/buyers, we prefer that the closing company pays for the entire process, please check with your realtor/closing company before completing forms and paying.

We will not send completed certificates separately, we will send the entire packet once completed.

Our public works department will conduct the dye test, they do not need access to the interior of the home and will be completed while they are out on the job and they do not need scheduled.



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CERTIFICATION OF DYE TEST

PROPERTY ADDRESS _____

CURRENT OWNER _____

BUYER'S NAME _____
(address if rental property)

RESULTS OF DYE TEST

DYE TEST DATE _____

TIME _____

PASSED _____

FAILED _____

COMMENTS _____

I CERTIFY THAT THE ABOVE PROPERTY HAD BEEN DYE TESTED AND ALL STORM WATER GUTTERS AND DRAINS ARE NOT CONNECTED INTO THE SANITARY SEWER SYSTEM OF THE BOROUGH OF CANONSBURG.

(Authorized Signature)

APPLICATION FEE: \$50.00

Borough of Canonsburg

68 East Pike Street

Phone: 724-745-1800

Canonsburg, PA 15317

Fax: 724-745-8850

REAL ESTATE TRANSFER CERTIFICATE OF ZONING APPROVAL APPLICATION

Permit fee – Payable to Canonsburg Borough - \$50.00: Ck # _____

Property Address: _____

Tax Parcel Number: _____

Property Owner: _____ Phone: _____

Owner Address: _____

Purchaser of Property Name: _____ Phone: _____

Purchaser Mailing Address: _____

EXISTING USE OF STRUCTURE/PARCEL: _____

PROPOSED USE OF BLDG/STRUCTURE:

- | | |
|--|--|
| <input type="checkbox"/> single family dwelling | <input type="checkbox"/> multi-family dwelling - number of units _____ |
| <input type="checkbox"/> two-family duplex structure | <input type="checkbox"/> garden apartments - number of units _____ |
| <input type="checkbox"/> commercial - industrial | <input type="checkbox"/> townhouse - number of units _____ |

Application is hereby made for permission to occupy the premises above described for the purpose herein stated. If such use complies with the provisions of all laws and ordinances and certificate of zoning is issued, it is understood by the applicant that the said certificate will authorize only the use stated in the certificate of zoning approval.

Date: _____

Signature of Applicant

Permission is hereby granted for the occupancy of the above described building.

Date: _____

Zoning Officer

Borough of Canonsburg

68 East Pike Street

Phone: 724-745-1800

Canonsburg, PA 15317

Fax: 724-745-8850

REAL ESTATE TRANSFER CERTIFICATE OF INSPECTION APPLICATION

Permit fee – Payable to Canonsburg Borough - \$75.00: Ck # _____

Property Address: _____

Tax Parcel Number: _____

Property Owner: _____ Phone: _____

Owner Address: _____

Purchaser of Property Name: _____ Phone: _____

Purchaser Mailing Address: _____

EXISTING USE OF STRUCTURE/PARCEL: _____

PROPOSED USE OF BLDG/STRUCTURE:

- | | |
|--|--|
| <input type="checkbox"/> single family dwelling | <input type="checkbox"/> multi-family dwelling - number of units _____ |
| <input type="checkbox"/> two-family duplex structure | <input type="checkbox"/> garden apartments - number of units _____ |
| <input type="checkbox"/> commercial - industrial | <input type="checkbox"/> townhouse - number of units _____ |

Application is hereby made for permission to occupy the premises above described for the purpose herein stated in accordance with Ordinance 1315. If such use complies with the provisions of said ordinance and Certificate of Occupancy is issued, it is understood by the applicant that the said certificate will authorize only the Occupancy stated in the Certificate.

Date: _____

Signature of Applicant

Permission is hereby granted for the occupancy of the above described building.

Date: _____

Code Enforcement Officer

BOROUGH OF CANONSBURG

Occupancy Inspection Checklist

Internal Use Only
 Code Enforcement Requested

FOR REFERENCE ONLY!

Property Address: _____

Description of Property Single Family Dwelling Duplex Other: Explain _____

ITEM	P	F	N/A	RE	ITEM	P	F	N/A	RE
Kitchen					Electric				
Sink - working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No temporary wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric panel in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No visible bare or faulty wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating				
Gas appliances properly connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visible gas/electric connections appear adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances and receptacles properly connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue connections vented as nec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceilings and floors intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Porches/Decks				
1-A Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside/outside stairs functional and structurally safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms - functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visible support and flooring appears sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Upstairs					Exterior				
Plumbing properly connected and in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free of debris, garbage materials, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper storage of flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceiling and floor intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks, driveways, parking areas in proper condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Downstairs					Structure address identified properly <input type="checkbox"/>				
Plumbing properly connected and in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof and Foundations				
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visible areas appear to be sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceiling and floor intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts and gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms					Swimming Pool				
Smoke detectors in each bedroom and in hallway & outside bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintained in clean and sanitary condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms properly functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence/Barrier not less than 48" above ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement					Self-closing and self-latching gates/doors functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors and walls watertight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retractable locking ladder-functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls and ceiling intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical GFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm within 10ft of furnace & hot water tank-functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Electrical GFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Flue connections in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
General Clean Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Comments: _____

Reinspection Comments: _____

The above items have been visually inspected as a safety function only. No attempt to physically inspect, test or verify the performance or capability of any of the items in this facility are included.

Passed Failed

Re-inspection Pass
 Fail

Date _____

Inspection performed by: _____

Fire Inspector / Code Enforcement Officer
724-745-1800 ext. 2 codesecretary@canonsburgboro.com

Date _____

Notes: (1) Passing inspection reports only valid for 30 calendar days.

(2) Please contact the Inspection Personnel listed above for a re-inspection of all failed items. Re-inspection Pass
 Fail

Date _____

(White - Office Copy) (Yellow - Second Reinspection) (Pink - 1st Reinspection) (Gold - Closing Company Copy)