

**BUTLER AREA SEWER AUTHORITY  
APPLICATION FOR REALTY TRANSFER INSPECTION  
AND DOCUMENT OF CERTIFICATION**

**TO BE COMPLETED BY APPLICANT (QUESTIONS? CALL 724-282-1978)**

Name of Property Owner(s): \_\_\_\_\_

Mailing Address of Owners(s): \_\_\_\_\_  
\_\_\_\_\_

Street Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Municipality Where Taxed: \_\_\_\_\_

BASA Account No. (If Known): \_\_\_\_\_ Tax Parcel ID No. (If Known): \_\_\_\_\_

Contact Person for Scheduling Inspection: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Other Phone No. \_\_\_\_\_

Reason for Application: (A) Property Sale or Transfer Subject to Taxation \_\_\_\_\_

(B) Mortgaging or Refinancing for Home Improvement/Repair \_\_\_\_\_

Anticipated Closing Date for Transfer or Financing: \_\_\_\_\_

\$150 Application Fee Method of Payment: Check \_\_\_\_\_ Cash \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

How Application was Submitted: Mail \_\_\_\_\_ Fax \_\_\_\_\_ Delivered to BASA Office \_\_\_\_\_

**NOTE: ANY REQUIRED REMEDIAL WORK MUST BE COMPLETED  
EVEN IF A PROPERTY SALE OR TRANSFER DOES NOT TAKE PLACE**

**TO BE COMPLETED BY BUTLER AREA SEWER AUTHORITY**

Date & Time Application Received: \_\_\_\_\_

Application Received By: Mail \_\_\_\_\_ Fax \_\_\_\_\_ Delivered to BASA Office \_\_\_\_\_

BASA Account No.: \_\_\_\_\_ Date Application Fee Received: \_\_\_\_\_

BASA Employee, Date & Time of Contact(s) to Schedule Inspection: \_\_\_\_\_  
\_\_\_\_\_

Day and Date of Scheduled Inspection: \_\_\_\_\_

Estimated Time of Scheduled Inspection (A.M. or P.M.): \_\_\_\_\_