

**PETERS TOWNSHIP
SANITARY AUTHORITY**

111 BELL DRIVE
McMURRAY, PA 15317-3415
PHONE: 724-941-6709
FAX: 724-941-2283
Web Site: ptsaonline.org



James J. Miskis, Manager
Mark A. Chucuddy, Asst. Manager
Gary A. Parks, Special Projects Manager
Patricia L. Mowry, Financial Controller
Diane L. Gregor, Administrative Asst.

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA)
COUNTY OF WASHINGTON

SS:

Before me, the undersigned Notary Public, on this _____ day of _____, 20____,

personally appeared _____
(print name)

(print name)

Known to me (or satisfactorily proven) to be the person (s) whose name(s) is/are the Owner/Potential
Owner of property identified as

(address)

(city, state, zip)

(Parcel ID/Tax Number)

I/we hereby certify that the above referenced building will be demolished within sixty (60) days of the
real estate transfer. When the building is demolished, the existing sewer lateral will be capped at its point
of connection to the collector sewer main. The Authority must be contacted to inspect the disconnection
prior to backfilling.

I/we further agree that should the structure fail to be razed, to agree to a Dye Test be performed and shall
be responsible for all charges and shall correct any deficiencies/violations encountered.

Signature of Applicant/Affiant

Signature of Applicant/Affiant

IN WITNESS WHEREOF, I hereunto set my hand and official seal

Notary Public

Date

(seal)
My Commissions Expires: _____