

413 Wall Avenue  
Wall, PA 15148

PH. 412-824-3333  
FAX 412-824-6305

**WALL BOROUGH**

SALE OF PROPERTY WALL BOROUGH PERMITS AND FEES - 3 SEPARATE CHECKS:  
Send all docs/fees, SASE for Sewage, Dye Test, Occupancy, Zoning, Municipal Lien letter to:  
**Wall Borough Office** at the above address.

DYE TEST CERTIFICATE OF COMPLIANCE \$20.00  
SEWAGE LIEN LETTER \$20.00  
**\$40.00** PAYABLE TO: WALL BOROUGH SEWAGE DEPT.

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OCCUPANCY PERMIT \$80.00- INCLUDES TEMP. PERMIT FOR CLOSING AND RE-INSPECTION/ PERMENANT PERMIT PRIOR TO OCCUPANCY

ZONING CERTIFICATE \$30.00

MUNICIPAL LIEN LETTER

\$ 80
\$ 30
+ \$ 20

 → \$20.00  
**\$130.00** PAYABLE TO WALL BOROUGH

TAX CERTIFICATE **\$54.00** PAYABLE TO WALL BOROUGH TAX COLLECTOR  
*from Tax Collector*

→ REMIT WITH SASE : WALL BOROUGH TAX COLLECTOR  
413 WALL AVE., WALL, PA 15148

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\$ 40 - Sewage  
\$ 130 - Borough  
+ \$ 54 - Tax Collector

**3 separate checks**

**TOTAL FOR SALE OF PROPERTY = \$224.00**

DELINQUENT TAXES:

EAST ALLEGHENY SCHOOL TAXES & WALL BOROUGH PROPERTY TAXES  
CONTACT MELISSA SWIDORSKY 412-824-5205

\* To be completed  
by certified  
plumber.

**BOROUGH OF WALL**  
413 WALL AVE  
WALL PA 15148  
412-824-3333  
Fax 412.824.6305

**APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE**

Receipt of Application \_\_\_\_\_ Date \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_  
Owner's Phone \_\_\_\_\_  
\* Plumber or Home Inspector \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

\* This is to certify that I, \_\_\_\_\_ have inspected and dye tested all roof downspouts and area drains on the above property to determine if any storm or surface water is illegally connected to the Borough of Walls sanitary sewer system.

I find that there are no storm or surface water drains connected to the Borough of Walls sanitary sewer system.

\_\_\_\_\_  
Signature Allegheny Co. Health Permit No. \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

I find that there are storm or surface water drains connected to the Borough of Walls sanitary sewer system.

\_\_\_\_\_  
Signature Allegheny Co. Health Permit No. \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Please indicate locations of any and all ILLEGALLY connected drains or connections below:

\_\_\_\_\_  
To be completed by the Borough of Wall

\_\_\_\_\_  
Certificate or Compliance No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_

\_\_\_\_\_  
Borough of Wall official Signature \_\_\_\_\_ Check No. / Amount \_\_\_\_\_

(Please return to):

**Borough of Wall**  
413 Wall Ave., Wall, PA 15148

**Occupancy Permit Application**

**Rental Property Application**

**Date:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Contact Numbers – Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address Usage: Commercial  Residential  Mixed  Number of Units: \_\_\_\_\_

Owner Lives at the Address: Yes  No

Emergency or Management Contact: \_\_\_\_\_

Contact Phone Number (Day): \_\_\_\_\_ Contact Phone Number (Evening): \_\_\_\_\_

**Note: For rental units there must be a tenant registration form turned in with the occupancy permit application. No occupancy permit will be granted without the tenant registration form.**

Permit Fees – Residential: \$40.00 per unit Commercial: \$75.00 per unit

Applicant's Signature: \_\_\_\_\_

**Sale of Property Application**

**Date:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Seller's Name: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Buyer's Contact Numbers – Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Note: If the property is to be used as a rental property then both sections of this application are to be filled out and a tenant registration form must be filled out with the occupancy permit application. No occupancy permit will be granted without all forms filled out completely.**

Permit Fees – Residential and Commercial (Temporary and Re-inspection): \$80.00 per unit

Applicant's Signature: \_\_\_\_\_

**Office Use Only**

Permit Issued On: \_\_\_\_\_

Payment Received: Yes  No

Permit Number: \_\_\_\_\_

Check/Cash/MO: \_\_\_\_\_

Wall Borough Representative \_\_\_\_\_

**BOROUGH OF WALL  
ZONING CERTIFICATE APPLICATION**

**Zoning District**

- N, Neighborhood Use
- M, Office and Manufacturing
- R-3, Multi-Family Residential
- R-2, Single Family Residential
- R-1, Rural Residential
- P, Neighborhood Park

**Property Owner** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Lot and Block, Subdivision or Land Development**

\_\_\_\_\_

**Applicant** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Type of Zoning Certificate**

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Occupancy  | <input type="checkbox"/> Residential Principal Structure |
| <input type="checkbox"/> Residential Occupancy<br>(Circle or indicate:<br>Change of Tenancy/Ownership) | <input type="checkbox"/> Residential Addition            |
| <input type="checkbox"/> Commercial Principal Structure  | <input type="checkbox"/> Residential Accessory           |
| <input type="checkbox"/> Commercial Addition   | <input type="checkbox"/> Pool                            |
| <input type="checkbox"/> Commercial Accessory  | <input type="checkbox"/> Transient Business              |
|  | <input type="checkbox"/> Home Occupation                 |
|  | <input type="checkbox"/> Forestry                        |

1. Attach plot plan showing location of structure.
2. Provide following where no building permit is required: Height, \_\_\_\_\_, Square Feet \_\_\_\_\_.
3. For occupancy, define specific use proposed. Include information sufficient to determine required parking. For business, include specific business name for use on occupancy certificate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant acknowledges the above to be true and correct to best of applicant's knowledge (owner must also sign unless lease or purchase agreement demonstrating proprietary interest or authorization to apply is provided):

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

Approved/Denied

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date