



Mailing and Physical Address:
3001 Meadowbrook Road
Murrysville, PA 15668

Phone: (724) 327-1950
Email: ftmsa@ftmsa.org
Website: www.ftmsa.org

An Equal Opportunity Employer

APPLICATION FOR SEWAGE NO-LIEN LETTER

| | |
|--|---|
| NAME OF SELLER/PROPERTY OWNER(S): | |
| ADDRESS OF PROPERTY BEING SOLD: | |
| IF LOT IS VACANT, PLEASE CHECK HERE: _____ | |
| LOT NO. AND NAME OF PLAN (IF ANY): | |
| TAX MAP NO: | |
| NAME OF (BUYER): If other...refinance, foreclosure...please state that here. (This block must be filled in) | |
| DATE OF CLOSING: | |
| NAME OF COMPANY REQUESTING LIEN LETTER: | PHONE NO: _____ EMAIL: _____ FAX NO: _____ ATTN: _____ |

1. There is a charge of **\$25.00 per no-lien request**. If you have more than one address and/or account, please submit separate request forms and \$25.00 for each. Please include a **Self-Addressed Stamped Envelope**.
2. Because FTMSA bills monthly, an **exact closing date is needed** for FTMSA to give you the correct information. Please do not send in more money than what we request. Commercial properties will need a final read.
3. The information we provide on the sewage no-lien letter is **only valid for a period of 15 calendar days** from the date of the closing you provided. **After that time, a new request and check for a no-lien letter must be provided.**
4. A **Lateral Sewer Line Inspection** must be completed and passed before a sewage no-lien letter will be processed.
5. If the **closing date should change or be cancelled**, it is the closing company's responsibility to contact FTMSA in **writing** for an updated amount or to let us know it was cancelled. Please fax to 724-327-8557.
6. Information for no-lien letters **will not be taken over the telephone**. Please answer all the questions above.
7. **We will return any sewage no-lien letter that is not complete.**

Mail request and check to: FTMSA, 3001 Meadowbrook Rd., Murrysville, PA 15668 Thank you



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APPLICATION FOR SEWER LATERAL INSPECTION

****All information must be filled in to schedule an appointment:***

| | |
|--|-----------------------------|
| *DATE: | PAID: Cash/Check No. |
| *CURRENT OWNER: | |
| *ADDRESS TO BE TESTED: | |
| | |
| *TAX MAP NO. | |
| *NAME OF PLAN: | |
| *PHONE NUMBER: | |
| *OWNER'S ADDRESS TO SEND DEFICIENCY OR CERTIFICATION: | |
| | |
| | |

All properties in the **Municipality of Murrysville, Penn Township, Salem Twp. and Monroeville** that are serviced by FTMSA are hereby notified to acquire a sewer lateral inspection prior to selling or refinancing a residential house, commercial building, or any facility tied into the Authority's sanitary sewer system.

If the lateral fails, corrections MUST be made prior to closing. A "Certification of Sewer Lateral" will be issued upon the inspection "PASSING." Certification will only be given to the person that paid for the inspection. FTMSA does not do any escrows.

Application Fee: \$350.00 payable at the time the application is submitted.

The Authority recommends that the Applicant obtain several estimates from plumbers/plumbing contractors if their sewer lateral needs to be repaired. FTMSA does not recommend plumbers. Please check your local listings.

A no-lien letter, required by lending institutions for closings, will not be issued by the Authority until the above testing has been completed and any deficiencies corrected. **When the property has passed the inspection, this information will be written on the lien letter.**

SIGNATURE OF APPLICANT: _____