

THIS PERMIT IS VALID FOR ONE YEAR AFTER PURCHASE

**FAYETTE COUNTY
DEVELOPMENT REGULATIONS ENFORCEMENT OFFICE
151 N. Washington Rm 307- La Grange, Texas 78945- 979/968-1809
APPLICATION FOR ON –SITE SEWAGE FACILITY CONSTRUCTION**

Date _____

Permit Number _____

Receipt Number _____

NAME OF OWNER _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE _____

Is this a repair, replacement or a new system _____

DESCRIPTION OF PROPERTY WHERE OSSF IS TO BE CONSTRUCTED

911 Address _____

Legal description _____

Property Identification Number _____ Is the property located in flood area _____

Type of structure _____ Number of Bedrooms _____

Residential/Commercial/Exempt _____ Square Footage _____

Type System Required _____ Designer _____

Installer _____ OS number _____

I/We hereby grant permission to the Fayette County Development Regulations Enforcement Office personnel to enter upon the above described property for the purpose of inspecting the on-site sewage facility.

Signature of owner /agent

Date

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Date Completed _____

GPS _____