



# AUSTIN COUNTY APPLICATION FOR ON-SITE SEWAGE SYSTEM PERMIT

**OFFICE USE ONLY:**                      **PERMIT #:** \_\_\_\_\_                      **DATE RECEIVED:** \_\_\_\_\_

PROPERTY OWNER:

\_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST)

CURRENT MAILING ADDRESS:

\_\_\_\_\_ (NUMBER & STREET NAME OR P. O. BOX) \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZIP CODE)

EMAIL ADDRESS:

DAYTIME PHONE:

ALTERNATE PHONE:

SITE ADDRESS:

\_\_\_\_\_ (NUMBER & STREET NAME) \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZIP CODE)

PROPERTY DESCRIPTION:

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SEC \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

SURVEY: \_\_\_\_\_ ABSTRACT: \_\_\_\_\_ ACRES: \_\_\_\_\_

\_\_\_\_\_ (NAME OF WELL DRILLER OR SUPPLIER)

House    Barndominium    Manufactured/Modular Home    Barn/Shop

**SINGLE FAMILY RESIDENCE:** # OF BEDROOMS \_\_\_\_\_ LIVING AREA (SQ FT) \_\_\_\_\_

**COMMERCIAL** (INCLUDING MULTI-FAMILY RESIDENCES): **TYPE:** \_\_\_\_\_

**NUMBER OF EMPLOYEES/OCCUPANTS/UNITS:** \_\_\_\_\_ **SQUARE FOOTAGE** \_\_\_\_\_

**SITE EVALUATOR:** \_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**SYSTEM DESIGNER:** \_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**SYSTEM INSTALLER:** \_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

THIS PERMIT IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE

*AUTHORIZATION IS HEREBY GIVEN TO AUSTIN COUNTY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF INSPECTING OSSF FACILITIES FOR ANY REASON CONSISTENT WITH THE TEXAS HEALTH AND SAFETY CODE.*

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY AUSTIN COUNTY DESIGNATED REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_