



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: _____

WATER SUPPLY PRIVATE WELL PUBLIC WATER SUPPLY _____
(NAME OF WELL DRILLER OR SUPPLIER)

House Barndominium Manufactured/Modular Home Barn/Shop

SINGLE FAMILY RESIDENCE: # OF BEDROOMS _____ LIVING AREA (SQ FT) _____

WATER SAVING DEVICES INSTALLED? YES NO

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: _____