

***ALL PERMIT FEES ARE
NON-REFUNDABLE
*ONE PERMIT PER SYSTEM
*A-T-C GOOD FOR ONE
YEAR FROM DATE OF ISSUE**

**Fannin County Environmental Development
1203 E Sam Rayburn Dr., Bonham, TX 75418
(903)583-7495, Fax (903)583-9281
septicpermits@fanninco.net**

For Office Use Only

Permit Number _____

Date _____

Amount Paid _____

Receipt # _____

PLEASE PRINT

**IN ORDER TO OBTAIN AUTHORIZATION TO CONSTRUCT (ATC), THIS
APPLICATION MUST BE FILLED OUT COMPLETELY.**

Property Owners Name: _____
(Last) (First) (MI) (Spouse/Other)

Driver's Lic. #: _____ Driver's Lic. #: _____
(Property Owner) (Spouse/Other)

Mailing Address: _____ / _____ / _____
(# & Street Name (or) P.O. Box) (City) (Zip)

Telephone Number: _____ / _____ / _____
(Home) and (Work) and/or (Other)

Email addresses: _____

Site Address: _____ / _____ / _____
(911 Address Required) (City) (Zip)

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____

(Attach copy of your Warranty Deed, not previous owner)

Tract _____, Section _____, Appraisal District Property Tax ID# _____

**AFTER ALL REQUIRED DOCUMENTS ARE RECEIVED, PLEASE ALLOW 5 BUSINESS DAYS FOR APPROVAL AND ISSUANCE OF THE
AUTHORIZATION TO CONSTRUCT**

Source of Water: Private Well Public Water Supply – Name: _____

Single Family Residence: Number of Bedrooms _____ Sq. Ft. _____ Permanent / Part-Time Residence
(circle one)

Number of Bathrooms _____ Number of Occupants _____ New / Existing Mobile Home - S/W – D/W
(circle one) (circle one)

Commercial/Institutional/Multi-Family: Type: _____

Name of Business: _____

No. of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

Site Evaluator: _____ Lic #: _____ Phone#: _____

Designer: _____ Lic#: _____ Phone#: _____

Installer: _____ Lic#: _____ Phone#: _____

I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate will be granted following a successful inspection of the system.

(Signature of Owner or Agent)

(Date)

FOR INSTALLATION & INSPECTION PURPOSES, PLEASE HAVE PROPERTY 911 ADDRESS VISIBLE

****PLEASE DRAW DIRECTIONS ON BACK FROM NEAREST TOWN****

Revised 1/15/2019