



FORT BEND COUNTY ENVIRONMENTAL HEALTH ON-SITE SEWERAGE FACILITY PERMIT APPLICATION

4520 Reading Road, Rosenberg, Texas 77471

281-342-7469

Key Map _____
Precinct _____

Permit Track # _____

EHD# _____ Office use

1. **PROPERTY OWNER:** _____
(LAST) (FIRST) (MIDDLE)

2. **MAILING ADDRESS:** _____
(STREET/P.O. BOX) (CITY/STATE) (ZIP)

3. **TELEPHONE NO. HOME:** () _____ **WORK:** () _____

4. **SITE ADDRESS:** _____
(STREET) (CITY) (ZIP)

5. **PROPERTY DESCRIPTION:** Lot _____ Block _____ Sec _____ Subdivision _____

OR

Survey: _____ Abstract _____ Vol. _____ Page _____

6. **LOT SIZE:** _____ Acres ***PROPERTY SURVEY MUST BE ATTACHED FOR ALL PROPERTIES.**

7. **SOURCE OF WATER:** ___ Private Well ___ Public Water Supply _____
(NAME OF WELL DRILLER OR SUPPLIER)

8. **SINGLE FAMILY RESIDENCE:** # Of Bedrooms _____ Living Area (Sq. Ft.) _____
Water Saving Devices Installed? Yes ___ No ___

9. **COMMERCIAL/INSTITUTIONAL** (including multi-family residences) **TYPE:** _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ **Square Footage** _____

11. **DESIGNER:** _____ **Registration #** _____ **Phone #** _____

12. **INSTALLER:** _____ **Registration #** _____ **Phone #** _____

13. **SITE EVALUATOR:** _____ **Registration #** _____ **Phone #** _____

16. **OWNER'S AGENT:** _____
(Authorization to Submit the Permit Application & the Planning Materials to the Permitting Authority)

This application is valid for one (1) year after dated receipt of payment.

Authorization is hereby given to Fort Bend County to enter upon the above described property for the purpose of inspecting sewage 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: _____ **Date:** _____
Fort Bend County Designated Representative