



**ON-SITE SEWAGE FACILITY PERMIT APPLICATION**

**EH Permit #** \_\_\_\_\_  
**Development Permit#** \_\_\_\_\_

**Key Map:** \_\_\_\_\_  
**Precinct:** \_\_\_\_\_

1. **PROPERTY OWNER:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

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

3. **TELEPHONE NO. HOME:** ( ) \_\_\_\_\_ **WORK:** ( ) \_\_\_\_\_

4. **PROPERTY OWNER EMAIL:** \_\_\_\_\_

5. **SITE ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (ZIP)

6. **PROPERTY DESCRIPTION:** Lot \_\_\_\_\_ Block \_\_\_\_\_ Sec \_\_\_\_\_ Subdivision \_\_\_\_\_

**OR**

Survey: \_\_\_\_\_ Abstract \_\_\_\_\_ Vol. \_\_\_\_\_ Page \_\_\_\_\_

7. **LOT SIZE:** \_\_\_\_\_ Acres **\*PROPERTY SURVEY MUST BE ATTACHED FOR ALL PROPERTIES.**

8. **SOURCE OF WATER:** \_\_\_ Private Well \_\_\_ Public Water Supply \_\_\_\_\_  
(NAME OF WELL DRILLER OR SUPPLIER)

9. **SINGLE FAMILY RESIDENCE:** # Of Bedrooms \_\_\_\_\_ Living Area (Sq. Ft.) \_\_\_\_\_  
Water Saving Devices Installed? Yes \_\_\_ No \_\_\_

10. **COMMERCIAL/INSTITUTIONAL** (including multi-family residences) **TYPE:** \_\_\_\_\_

**NUMBER OF EMPLOYEES/OCCUPANTS/UNITS:** \_\_\_\_\_ **Square Footage** \_\_\_\_\_

11. **DESIGNER:** \_\_\_\_\_ **Registration #** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

12. **INSTALLER:** \_\_\_\_\_ **Registration #** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

13. **SITE EVALUATOR:** \_\_\_\_\_ **Registration #** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

14. **OWNER'S AGENT:** \_\_\_\_\_  
(Authorized 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**

**Designated Representative License #:** \_\_\_\_\_