



BURLESON COUNTY
APPLICATION FOR AN ON-SITE SEWAGE FACILITY

PERMIT NUMBER

(Office use only)

Application valid one year from date of purchase.

Reason for Permit (check box):

- New Construction, System Replacement, System Repair/Modification, Transfer of Ownership

Name of Homeowner: Phone:

Site Address: City/State: Zip:

Mailing Address: City/State: Zip:

Information about Structure Type: Structure on Slab, Mobile Home, Pier & Beam

Total Square Footage: Year Structure Built: Number of Bedrooms: Number in Household:

Water Saving Devices: (circle) YES NO

Subdivision Name: (if applicable) Lot: Block: Phase:

Survey Name: Abstract: Tract: Acres:

Directions to Property:

Is property in flood plain? Estimated Gallons Per Day:

Name of Water Supply: Private Well: (circle) YES NO

Name of Former Owner:

Signature of Owner: Date:

Check one:

- Standard Trench/Bed, Surface Application, Gravel-less Pipe, EZflow System, Low Pressure Dosing, Evapotranspiration Bed, Pumped Effluent, Leaching Chamber, Drip Irrigation, PTI System, Absorptive Mound, Other:

- Permit Application Fee: Residential \$260.00, Aerobic System \$280.00, Commercial \$460.00, Affidavit Fee, Transfer of Ownership, Re-Inspection Fee \$130.00, Other Fee

Fees Subject to Change: Grid Number:

Installer Name: (required) License No: (required)

Authorization to Construct: License No.

Comments: