

Office Use Only

Permit #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash  
Drainfield: \_\_\_\_\_

Bandera County  
Permits and Inspections Department  
**Permit Application  
Commercial OSSF**

(RV Park, Manufactured Housing Community, Apartment Complex, etc)

**Instructions:** Please fill out application completely and accurately. Owner's/Entity's name should be completed as it appears on property records. If questions are not applicable, enter "N/A". Additional information may be obtained by calling BCPID office at (830) 460-8183.

**Site-Specific Information**

Standard OSSF (\$400.00 fee) Facility Type: \_\_\_\_\_ Modification? Yes No  
If yes, year OSSF installed? \_\_\_\_\_  
 Aerobic OSSF (\$400.00 fee) Design Daily Flow: \_\_\_\_\_ Prior Permit # \_\_\_\_\_

**Owner Information**

911 Rural Site Address: \_\_\_\_\_ Will Contact 911 Office \_\_\_\_\_ (Initials)

Property Owner's Name: \_\_\_\_\_  
(Please Print) (First) (Middle Initial) (Last)

Permanent Mailing Address: (provide mailing address **at time OSSF will be completed** for mailing of Notice of Approval)

\_\_\_\_\_  
(Street Number / P. O. Box) (City/State) (Zip)  
Telephone #: ( ) - ( ) - ( ) - ( ) -  
(Home) (Work) (Cell) (At Property)

Legal Description: \_\_\_\_\_  
(# Acres) (Subdivision Name) (Unit) (Section) (Block) (Lot)

or Recorded Deed: \_\_\_\_\_  
(# Acres) (Survey Name & Number) (Abstract#) (Volume) (Page#) (Date)

Detailed Directions to Property from Bandera (or Please Attach Map from Bandera to the Site):  
\_\_\_\_\_

**Planning Materials Required**

Site Evaluation (by licensed Site Evaluator)  Development Permit # \_\_\_\_\_ (with County Engineer's Signature)  
 OSSF System Design Criteria  100-year Floodplain Map  Show all Easements  
 Scaled Drawing of OSSF  Comprehensive Drainage Plan  Show all Electric Equip.  
 Recorded Affidavit joining two lots or N/A  Topographic Map  Soil Survey  
 Show locations of all Water Wells  Overall Site Plan

**Additional Planning Materials for an Aerobic OSSF**

Prepared by a PE or RS  Maintenance Contract  Recorded Affidavit to the Public for an Aerobic Sub & Surface Application  
 Recorded Affidavit to the Public Requiring an Aerobic Maintenance Contract  
**\*All planning materials must be submitted with this application prior to the first inspection and authorization to construct.\***

Site Evaluator's Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Designer's Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Installer's Name: \_\_\_\_\_ Registration # \_\_\_\_\_

1. I certify that the above statements are true and correct to the best of my knowledge. I hereby authorize the Bandera County Permits and Inspection Department (BCPID) Designated Representative (DR) to enter upon the above-described private property for evaluating and inspecting the proposed OSSF as required.
2. I understand that upon acceptance of this application and successful completion of the 1<sup>st</sup> Inspection, the Authorization to Construct ONLY will be issued by the BCPID DR. I further understand that in **NO** instance should any component of the OSSF be placed in the ground before receiving the Authorization to Construct. Upon successful completion of the 2<sup>nd</sup> Inspection, a Notice of Approval will be issued by mail to the property owner.
3. I understand that the Installer or Apprentice **MUST** be at the installation site during all Inspections and/or Reinspections and failure to appear within 30 minutes of scheduled time will require a Reinspection trip at the installer's expense. I further understand that failure of installer to provide 2-hour advance notice of appointment cancellation will require a Reinspection fee of \$45.00 before appointment will be rescheduled. Weather conditions may warrant exceptions being granted by the Department.
4. I understand that this Application for OSSF Permit Expires ONE (1) YEAR from date of application fee being paid or the issuance of the Authorization to Construct.

**For Aerobic OSSF only**

5. I understand that a Maintenance Contract will be required for an aerobic OSSF and that it has been determined that this is the best method of treatment for this site.

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Not Valid Without Department Official Signature**

Application for OSSF Permit and Receipt Issued By: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(BCPI Department Official Signature) (Date)