Office Use Only

Permit #: _____ *Date:* ____/____/_____

*Amount Paid:*_____ *Check #:*_____ *or Cash*

Drainfield: _____

Bandera County
Permits and Inspections Department

Permit Application
Single Family Residential OSSF

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 ($210.00 fee)
- ❑ Aerobic OSSF ($400.00 fee)

Number of Bedrooms: _____
Total square footage: _____

Owners Initials_____

Modification? Yes No
If yes, year OSSF installed? _____
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

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

Additional Planning Materials for an Aerobic OSSF

- ❑ Prepared by a PE or RS
- ❑ Maintenance Contract or
- ❑ 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 1st 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 2nd 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)*