	Office Use Only			
Permit #:	Date:	_/_	/_	
Amount Paid: Drainfield Type:	Check # or CC/Cas	sh rcpt	#	
	Oncok # or ooroas		<i>m</i>	

## Bandera County Permits and Inspections Department Permit Application

			Sing	gle Family	Residentia	I OSSF		
Instructions: Please fill out application of the structions are not applicable, enter "N//	ompletely and accura A". Additional informat	ately. Owner's/Entit ion may be obtained	y's name should l	be complete D office at (8	d as it appear 330) 460-8183	rs on proper	ty records.	
Site-Specific Information Standard OSSF < 500 GPD (\$210.00 Aerobic OSSF or Standard ≥ 500 GF								
Owner Information: 911 Rural Site								
(Please Print)	(First)	(Middle Initial) (Last)						
Permanent Mailing Address: (provide	mailing address at	time OSSF will b	e completed f	or mailing	of Notice of	Approval)		
(Street Number / P. C			ity/State) 		(Zip) ()			
(Home) Legal Description:(# Acres)	(Wo (Subdivision Na	ork)	(Cell)	(Unit)	(Section)	(Block)	(Lot)	
or Recorded Deed:	(Survey Nam			(Abstract#)	(Volume)	(Page#)		
Detailed Directions to Property for		,					(Date)	
Detailed Directions to Property in	oni Bandera (or Pre	еаѕе Ацасп тар	ITOIII Balluera	i to the Sit	e) <u>INCLUL</u>	JE GATE (	ODES.	
Planning Materials Requi	red Dev	velopment Permit	#	(with	County Engi	neer's Sig	nature)	
	Show Topo or N/A Show n Aerobic OSSF intenance Contract	year Floodplain N w all Electric Equi ographic Map w locations of all \ Recorded Aff	p.  Water Wells  idavit to the Publi	c for an Aer	Show all Eas Overall Site I	Plan urface Applic	cation	
*All planning materials must be							<b>. *</b>	
	Registration #							
landallanda Manana	Registration #							
20 CONTROL CON	Registration #							
I certify that the above statement Department (BCPID) Designated	s are true and correct to th Representative (DR) to er	_ Email e best of my knowledg nter upon the above-de	e. I herby authorize	e the Bandera	County Permits	s and Inspecti	on Ov	
OSSF as required.  2. I understand that upon acceptant issued by the BCPID DR. I furthe Authorization to Construct. Upon  3. I understand that the <u>Licensed In</u> minutes of scheduled time will readvance notice of appointment comay warrant exceptions being graduler.  4. I understand that this Application Construct.	te of this application and s or understand that in NO in successful completion of staller MUST be at the into quire a Reinspection trip at ancellation will require a Re- anted by the Department.	uccessful completion of stance should any cor the 2 <sup>nd</sup> Inspection, <u>a</u> N tallation site during all the <u>Installer's expenseinspection</u> fee of \$45.	of the 1 <sup>st</sup> Inspection, nponent of the OSS office of Approval wi legal of the state of the state of the state of the state of the stat	the Authoriza F be placed in Il be issued by Reinspections and that failure ent will be res	tion to Construct the ground be y mail to the pro and failure to a e of installer to p cheduled. Wea	ct ONLY will be fore receiving aperty owner. ppear within sorovide 2-hour ather condition	e the	
For Aerobic OSSF only								
5. I understand that a Maintenance Co		n aerobic OSSF and th	nat it has been dete			ethod of treatr	nent for this s	
Application Signature (Owner or Licens				Print Nam	e:			
Not Valid Without Department Official Signature Application for OSSF Permit Received By:	(BCPI Department Official		on// (Date)					
This is Not an Authorization to Construct					E	Effective Date	07/06/2022	