

# City of Todd Mission

21778 FM 1774

Todd Mission, TX. 77363

Phone: 936-894-3001

## ON SITE SEWAGE FACILITY LICENSE APPLICATION

PERMIT # \_\_\_\_\_

THIS APPLICATION IS VALID FOR A PERIOD OF ONE YEAR FROM DATE FEES ARE RECEIVED. IF A FINAL INSPECTION HAS NOT BEEN PERFORMED WITHIN ONE YEAR OF ISSUE, A NEW APPLICATION AND FEE WILL BE REQUIRED. FEES ARE SUBJECT TO CHANGE./REVISED 08/21/02

NEW

TRANSFER

REPAIRS

REAL ESTATE

PROPERTY OWNER NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

CURRENT MAILING ADDRESS: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

9-1-1 MAILING ADDRESS: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

IF THIS IS A TRANSFER, NAME OF PREVIOUS OWNER: \_\_\_\_\_

LEGAL DESCRIPTION: (FROM TAX STATEMENT OR DEED): PERMIT WILL NOT BE ISSUED WITHOUT THIS INFORMATION

SEC. \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT \_\_\_\_\_ PLAT DATE \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

OTHER THAN SUBDIVISION: ACERAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

SOURCE OF WATER:  PRIVATE WELL  PUBLIC WATER NAME OF WATER COMPANY \_\_\_\_\_

HOUSE/BUSINESS:  SLAB  PIER & BEAM  MOBILE HOME OTHER: \_\_\_\_\_

SINGLE FAMILY RESIDENCE: #OF BEDROOMS \_\_\_\_\_ LIVING AREA (SQ. FT.) \_\_\_\_\_ # OF OCCUPANTS \_\_\_\_\_

COMMERCIAL/INSTITUTIONAL (including multi-family residences):

NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

SITE EVALUATOR: \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

SITE EVALUATOR LICENSE NO. \_\_\_\_\_

DESIGNER: \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

DESIGNER LICENSE NO.(PEor RS) \_\_\_\_\_

INSTALLER: \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

INSTALLER LICENSE NO. \_\_\_\_\_

TO REQUEST A FINAL INSPECTION PLEASE CALL 936-894-3001 M-F 8AM - 5PM