



<b>OFFICE USE ONLY</b>
APPLICATION NUMBER _____
DATE _____
AMOUNT _____

**APPLICATION FOR ON-SITE SEWERAGE FACILITY**  
NEW CONSTRUCTION and MODIFICATION

- NEW INSTALLATION  
 MODIFICATION

1. PROPERTY OWNERS' NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_
3. DAYTIME TELEPHONE: \_\_\_\_\_
4. SITE ADDRESS: \_\_\_\_\_
5. LEGAL DESCRIPTION: \_\_\_\_\_
6. SUBDIVISION: \_\_\_\_\_ ACREAGE: \_\_\_\_\_ SURVEY: \_\_\_\_\_
7. SOURCE OF WATER:  PRIVATE WELL  PUBLIC WATER SUPPLY: \_\_\_\_\_
8. SINGLE FAMILY RESIDENCE: NUMBER OF BEDROOMS: \_\_\_\_\_  
LIVING AREA: \_\_\_\_\_(FT)
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:  
\_\_\_\_\_
10. SITE EVALUATOR: \_\_\_\_\_ CERTIFICATION NO.: \_\_\_\_\_
11. DESIGNER: \_\_\_\_\_ LICENSE NO. (PE or RS): \_\_\_\_\_  
PHONE: \_\_\_\_\_
12. INSTALLER: \_\_\_\_\_ REGISTRATION NO.: \_\_\_\_\_  
PHONE: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Seguin to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewerage Facility Rules, TAC 30, Chapter 285.

\_\_\_\_\_  
SIGNATURE OF OWNER or OWNER REPRESENTATIVE    DATE