



Application for On-Site Sewage Facility (OSSF) Authorization to Construct

This box for LCRA use only Application No. __ Received by: _____ Fee: \$ Check No.: _____ Date: _____

- () New System - **No** OSSF currently on property.
- () Modification - Addition to or improvement of all or part of an existing OSSF to meet current standards. **State the reason for modification below. If the OSSF is failing, state which component(s) is/are failing.**

ALL INFORMATION REQUESTED MUST BE PROVIDED

_____	_____	_____	_____
Owner's last name (or company name)	First name	MI	Additional owner's name

If owned by a company, a copy of a corporate resolution that names the officers.

_____	_____	_____
Mailing address, number and street or box	City	State and ZIP code

_____	_____	_____	_____
Home phone #	Business phone #	Cell #	Email Address

Property Information:

Nearest Lake _____ County _____ Gate Code _____

If within the city limits, circle one: Jonestown Lakeway Volente Lago Vista Briarcliff Granite Shoals

Name of Subdivision _____ Section No. _____ Block No. _____ Lot No. _____ Tax ID # _____

If property is not located in a subdivision, provide full legal description:

Property Physical Address: _____ City: _____

PROPOSED USE OF PROPERTY

- Single-family Multi-family (a separate application is required for each unit)
 Speculative home (home is being sold) Other - please describe

The heated/cooled living area of the residence will be _____ square feet. **Provide floor plan on no larger than 11x17-inch paper.**

State the TOTAL number of items below and enter (0) for none. Note the number of bedrooms to include heated and/or cooled rooms having adequate space, privacy and a closet.

1. Bedrooms _____ 2. Bathrooms _____ 3. Kitchens _____
4. Living Rooms _____ 5. Recreation Rooms/Dens _____ 6. Offices/Studies _____

If the structure is commercial or nonresidential, the quantity of wastewater estimated to be generated is _____ gallons per day. If the quantity exceeds 500 gallons per day, the system must be designed by a professional engineer or professional sanitarian. 1101.7/13

Source(s) of Water Supply

- Subdivision
 Water district, name of provider
 Well Cistern
 Lake pump (LCRA requires a contract for the use of water from the Highland Lakes)

Design Information (Check One): Standard design Professional design

If the OSSF planning materials have been prepared by someone other than the owner, complete the information below. If the system is required to be designed by a professional engineer or registered sanitarian per TAC 30 Ch.285 Table IX, this section **must** be completed and additional fees apply.

Designer's last name or company name First name MI

Mailing address, number, street or box City State and ZIP code

Home phone # Business phone # Cell # Email address

System design calculations and a site plan must be attached to this application. See the checklist for instructions.

For an additional fee, I request a copy of this permit be mailed to the installer and/or engineer/registered sanitarian selected.

Name and mailing address, fax number or email address (email preferred)

Property owner's signature or individual with the power of attorney
(P.O.A.) A copy of the P.O.A. must be submitted

Printed Name

Signature

Date: _____

THE STATE OF TEXAS

COUNTY OF

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____ A.D.

(SEAL)

Notary Public Signature

My Commission Expires