

**Office Use Only**

Permit #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # or CC/Cash rcpt #: \_\_\_\_\_

Drainfield Type: \_\_\_\_\_

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**

<input type="checkbox"/> Standard OSSF < 500 GPD (\$210.00 fee) <input type="checkbox"/> Aerobic OSSF or Standard ≥ 500 GPD (\$400.00 fee)	Number of Bedrooms: _____ Total square footage: _____	<b>Owners Initials</b> _____ Modification? Yes No If yes, year OSSF installed? _____ Prior Permit # _____
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**Owner Information**

911 Rural Site Address: \_\_\_\_\_

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)

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)--INCLUDE GATE CODES:**

**Planning Materials Required**

<input type="checkbox"/> Site Evaluation (by licensed Site Evaluator)	<input type="checkbox"/> 100-year Floodplain Map	<input type="checkbox"/> Show all Easements
<input type="checkbox"/> OSSF System Design Criteria	<input type="checkbox"/> Show all Electric Equip.	<input type="checkbox"/> Overall Site Plan
<input type="checkbox"/> Scaled Drawing of OSSF	<input type="checkbox"/> Topographic Map	
<input type="checkbox"/> Recorded Affidavit joining two lots or N/A	<input type="checkbox"/> Show locations of all Water Wells	

Development Permit # \_\_\_\_\_ (with County Engineer's Signature)

**Additional Planning Materials for an Aerobic OSSF**

Prepared by a PE or RS     Maintenance Contract     Recorded Affidavit to the Public for an Aerobic Sub & Surface Application

**\*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 # \_\_\_\_\_

**Owners Initials** \_\_\_\_\_

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 1<sup>st</sup> 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 2<sup>nd</sup> Inspection, a Notice of Approval will be issued by mail to the property owner.
3. I understand that the Licensed Installer **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.

Applicant Signature (**Owner or Licensed Installer Only**): \_\_\_\_\_ Print Name: \_\_\_\_\_

**Not Valid Without Department Official Signature**

Application for OSSF Permit Received By: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (BCPI Department Official Signature) (Date)

**This is NOT an Authorization to Construct**