



WILSON COUNTY  
Health & Public Safety Office

CHECKLIST FOR PERMITS

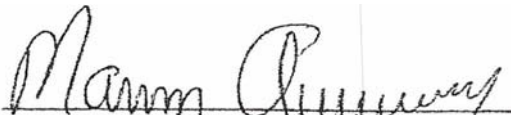
Wilson County Commissioners Court, hereby announces that effective June 1, 2007 that Wilson County will require the following permits applications be obtained prior to **any final inspections and/or release of permits being processed or approved.**

The following **Permits are required:**

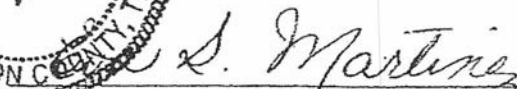
- Floodplain Permit (**Approval Required Before "OSSF" Start -Up**)
- On-Site Sewage Facilities "OSSF" (Septic) Permit
- Driveway Permit (County Maintained Roadways)

(See attached Checklist for Wilson County's Permit Application process. All checks payable to Wilson County)

Signed:

  
Mamm Quinney, Wilson County Judge



  
Eva S. Martinez, County Clerk

This is a list of requirements needed from the Property Owner, Installer, or Engineer for preparation of your paperwork in order to prevent delay of inspections:

- \*\*\* Legal Description of Property [PLAT]
- \*\*\* Proof of Ownership [RECORDED DEED]
- \*\*\* Drawing to Scale
- \*\*\* Name of Septic Company, Address and Phone Number
- \*\*\* 911 Address (Physical Address) [Verification Required From the 911 Addressing Department]

**ALL SIGNATURES IN BLUE INK**

**WILSON COUNTY, TEXAS  
PERMIT REQUIREMENTS**

_____ Name of Property Owner	_____ Phone Number	_____ Email Address
_____ Name of Homeowner	_____ Phone Number	Prefer to receive approved development permit by: <b>Mail            or            Email</b>
_____ Property Owner's Mailing Address		
_____ 9-1-1 Address / Installation Address (Physical address of property)		

_____ Name of Subdivision	_____ Section/Unit No.	_____ Block No.	_____ Lot No.
Recorded Deed Vol. _____ Pg. _____			

<b>APPLICATION PERMIT CHECKLIST REQUIRED INFORMATION</b>	<b>FOR USE BY COUNTY LEAVE THIS AREA BLANK</b>	
_____ 911 Address Verification	_____ 911 Addressing	_____ Date
_____ Development Permit	_____ Permit No.	_____ Receipt No.
_____ Septic Permit On-Site Sewage Facilities "OSSF"	_____ Permit No.	_____ Receipt No.
<i>The authorization to construct is valid for twelve months from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.</i>		
_____ Driveway Permit (County Roadways)	_____ Permit No.	_____ Receipt No.
		_____ Date

**APPLICANT ACKNOWLEDGEMENT OF PERMIT REQUIREMENTS**

_____ Signature of [Applicant] / Owner	_____ Date
_____ Signature of Home Owner	_____ Date
Installer: _____	
Address: _____	Phone No. _____
Builder: _____	
Address: _____	Phone No. _____
Driveway: _____	
Address: _____	Phone No. _____

**WILSON COUNTY PERMITTING**  
**800 10<sup>th</sup> Street, Building B**  
**Floresville, TX 78114**  
**830-393-8357**

**DEVELOPMENT PERMIT APPLICATION FORM**

**STATE OF TEXAS §**  
**COUNTY OF WILSON §**

**APPLICATION NO.** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

2. Location of property (Complete as appropriate) If located in a subdivision:

Name of Subdivision	Section/Unit No.	Block No.	Lot No.
IF NOT located in a subdivision:			

Name of Survey/Abstract	Acreage
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Location Description	(Physical address or attach a vicinity map)
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3. Nature of Proposed Construction (Check and complete as appropriate)

Residential                       Non-Residential                       Other  
 Alteration of a Natural Waterway or Drainage Course                       Placement of Fill

4. Description of Proposed Construction (Check and complete as appropriate)

New Construction                       Substantial Improvement to Existing Structure  
 House                       Mobile Home                        
 Non-Residential (Specify) \_\_\_\_\_  
 Commercial (Name and Type of Business) \_\_\_\_\_  
 Other \_\_\_\_\_

5. APPLICANT WILL PROVIDE ONE COPY OF PLANS AND SPECIFICATIONS OF THE PROPOSED CONSTRUCTION. (Describe)

\_\_\_\_\_

\*\*\*\*\*

**DO NOT WRITE BELOW THIS LINE**  
**FOR USE BY COUNTY ADMINISTRATOR**

IS THE PROPERTY LOCATED IN AN IDENTIFIED FLOOD HAZARD AREA?

YES     NO

IS ADDITIONAL INFORMATION REQUIRED?  YES     NO

ARE OTHER FEDERAL, STATE OR LOCAL PERMITS REQUIRED?  YES     NO

(Driveway Permit and Septic Tank Permit)

ARE OTHER COUNTY REGULATIONS APPLICABLE?  YES                       NO

Exemption Certificate Issued

Permit Application Approved

Date of Issuance \_\_\_\_\_

Permit Application Rejected

\_\_\_\_\_  
LeAnn Hosek, CFM, EMC/911 Coordinator  
Wilson County Floodplain Administrator

**DEVELOPMENT PERMIT EXEMPTION CERTIFICATE**

STATE OF TEXAS §  
COUNTY OF WILSON §

WILSON COUNTY COMMUNITY - PANEL

APPLICATION NUMBER \_\_\_\_\_ NUMBER 48493C \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

THE ABOVE NAMED APPLICANT APPLIED FOR A DEVELOPMENT PERMIT ON \_\_\_\_\_.  
THE COUNTY ADMINISTRATOR HAS REVIEWED THE APPLICATION AND IT IS HIS/HER DETERMINATION THAT THE  
PROPOSED DEVELOPMENT IS NOT WITHIN AN IDENTIFIED FLOOD PLAIN OF WILSON COUNTY.

THIS CERTIFICATE EXEMPTS THE APPLICANT FROM DEVELOPMENT STANDARDS REQUIRED BY WILSON  
COUNTY FLOODPLAIN MANAGEMENT REGULATIONS. WORK IS HEREBY AUTHORIZED TO PROCEED ON THE  
FOLLOWING DESCRIBED PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_

THE COUNTY ADMINISTRATOR HAS REVIEWED THE PLANS AND SPECIFICATIONS OF THE  
PROPOSED DEVELOPMENT AND DESIRES TO MAKE THE FOLLOWING RECOMMENDATIONS  
FOR DEVELOPMENT OR DESIGN ALTERATIONS:

**ADVISE THAT NO STRUCTURE BE BUILT AND/OR PLACED IN ANY DRAINAGE OR CREEK  
AREA. DUE TO THE POTENTIAL SHEET WATER FLOODING CONDITIONS, IT IS RECOMMENDED  
THAT FLOOR ELEVATION BE A MINIMUM OF TWO (2) FEET ABOVE NATURAL GROUND WHERE  
A CLEARLY DEFINED CHANNEL DOES NOT EXIST.**

**WARNING:**

The flood hazard boundary maps and other flood data used by the County Administrator in evaluating  
flood hazards to proposed developments are considered reasonable and accurate for regulatory  
purposes and are based on the best available scientific and engineering data. On rare occasions  
greater floods can and will occur and flood heights may be increased by man-made or natural causes.  
This exemption certificate does not imply that developments outside the identified areas of special flood  
hazard will be free from flooding or flood damage. Issuance of this exemption certificate shall not create  
liability on the part of Wilson County, the County Administrator or any officer or employee of Wilson  
County in the event flooding or flood damage does occur.

**(x)** \_\_\_\_\_  
Acknowledgment of Warning by Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
LeAnn Hosek, CFM, EMC/911 Coordinator  
Wilson County Floodplain Administrator

\_\_\_\_\_  
Date



Wilson County Health & Public Safety  
800 10<sup>th</sup> Street Building B  
Floresville, Texas 78114  
830-393-8503

Wilson County Use Only  
OSSF Permit # \_\_\_\_\_

APPLICATION FOR ON-SITE SEWAGE FACILITY  
TCEQ Region 13

- New system
- Replacement
- Repair/Alteration

1. PROPERTY OWNER(S) NAME: \_\_\_\_\_  
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: \_\_\_\_\_

3. HOME PHONE NO.: \_\_\_\_\_ OTHER or FAX NO.: \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

Acreeage: \_\_\_\_\_ Plat Date: \_\_\_\_\_ Subdivision name (if applicable): \_\_\_\_\_

*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*

6. DIRECTIONS TO SITE: \_\_\_\_\_

7. SOURCE OF WATER: Private Well Public Water Supply \_\_\_\_\_  
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ Living Area (ft<sup>2</sup>): \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_

BUSINESS / INSTITUTION NAME: \_\_\_\_\_

RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_

10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ OTHER or FAX NO.: \_\_\_\_\_

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

11. INSTALLER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ OTHER or FAX NO.: \_\_\_\_\_

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

**I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Wilson County Health & Public Safety to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.**

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_