195 W. Reno Rd.
Azle TX. 76020
City Hall: 817-221-2500

Date: _____

Permit No. _____

CHECK LIST FOR OSSF APPLICATION:

ALL DOCUMENTATION IS REQUIRED AND MUST BE CHECKED AND ATTATCHED TO THIS APPLICATION. **PARTIAL OR INCOMPLETE APPLICATIONS WILL BE SUBJECT TO A $125.00 RE-SUBMISSION AND/OR RE-INSPECTION FEE, AND WILL NOT BE ACCEPTED OR PROCCESED.**

PLEASE CHECK ONE:

☐ Standard $410.00

☐ Commercial $610.00

☐ Repair $210.00

☐ APPLICATION
☐ FEES

(Due when application submitted)

☐ SITE PLAN
☐ FLOOR PLAN
☐ SOIL EVALUATION
☐ SURVAY
☐ PLAT

Homeowner Email:

_____

Installer Email:

_____

☐ SEPTIC DESIGN

(Including manufacturer spec pages for all tanks &components)

☐ MAINTANANCE CONTRACT

(If using a class I system, aerobic treatment)

☐ AFFIDAVIT & PCCO / TCCO RECIPT

**(If using an aerobic treatment system ONLY, must be filled and recorded at the Parker County Clerk's Office or the Tarrant County Clerk's Office and included with this application)

*This application must be signed by the property owner OR have a notarized letter giving the applicant permission to file applications on his or her behalf.

**This is an affidavit that indicates that the owner realizes the system that is planned for installation requires a maintenance contract for the Life of the system.

Incomplete applications that are submitted as "Complete" are subject to a $125.00 re-submittal and / or re-inspection fee. Please verify that all items that are on the checklist are submitted with the application to avoid additional fees.

CITY OF RENO

195 w. Reno Rd. Azle, TX 76020 (817)221-2500

OFFICE USE ONLY

Approved By: License Number

Amount Date:

Permit Number

APPLICATION FOR

ON-SITE SEWAGE FACILITY

Use the last name field for company names.

1. PROPERTY OWNER'S NAME: _____
   (Last) (First) (Middle)
2. EMAIL:_____
3. CURRENT MAILING ADDRESS:_____
4. HOME PHONE NO.:_(_____)_____OTHER or FAX NO.:_(_____)_____
5. 911 SITE ADDRESS:_____
6. PROPERTY LEGAL DESCRIPTION:_____
   Acreage:_____ 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
7. DIRECTIONS TO SITE _____

Source water: ☐ PRIVATE WELL ☐ Public water supply:_____
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms:_____ Living Area(SqFt):_____

9. COMMERCIAL/ INSTITUTIONAL (other than single-family residence) TYPE:_____
   BUSINESS / INSTITUTION NAME:_____
   RESPONSIBLE OFFICIAL:_____ NO. PF EMPLOYEES/UNITS:_____
   EMAIL:_____

10. SITE EVALUATOR:_____ LICENSE NO.:_____
    PHONE NO.:_(____)_____ OTHER or FAX NO.:_(____)_____
    MAILING ADDRESS:_____ CITY: STATE: ZIP:
    EMAIL:_____

11. INSTALLER:_____ LICENSE NO.:_____
    PHONE NO.:_(____)_____ OTHER or FAXNO.:_(____)_____
    MAILING ADDRESS:_____ CITY: STATE: ZIP:
    EMAIL:_____

I certify that the above statements are true and correct to the best of my knowlage.

Signature of owner:_____Date:_____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmited by digital or electronic transmition, including but not limited to facsimile transmition and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED? ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

Designer Name:_____ License Type and No. _____

Phone No.(___)_____ Other or Fax No. (___)_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank:_____

Treatment tank to disposal system:_____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

Water Saving Devices: ☐ Yes ☐ No

III. TREATMENT UNIT(S): ☐ Septic Tank ☐ Aerobic Unit

A. Tank Dimensions:_____ Liquid Depth (bottom of tank to outlet): _____

Size Proposed: _____ (gal) $ Manufacturer :_____

Material/Model #:_____

Pretreatment Tank: ☐ Yes SIZE:_____ (gal) ☐ No ☐ NA

Pump/Lift Tank: ☐ Yes SIZE:_____ (gal) ☐ No ☐ NA

B. OTHER ☐ Yes ☐ No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type:_____

Manufacturer and Model: _____

Area Proposed:_____ square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site evaluation **B.** Planning materials

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF INSTALLER OR DESIGNER:_____ DATE:_____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.