



Town of Fairview, 372 Town Place, Fairview, TX 75069  
Phone: 972-562-0522 Fax: 972-548-0668

## APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT # \_\_\_\_\_

\_\_\_\_\_ NEW INSTALLATION

\_\_\_\_\_ MODIFICATION

Property Owner's Name: \_\_\_\_\_

Last, first, middle initial

Permanent mailing address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Site address: \_\_\_\_\_

Legal description:      Sec. \_\_\_\_\_      Block \_\_\_\_\_      Lot \_\_\_\_\_      Date \_\_\_\_\_

Subdivision: \_\_\_\_\_

Other than subdivision:      Acreage \_\_\_\_\_      Survey \_\_\_\_\_

Source of Water:      \_\_\_\_\_ Private well      \_\_\_\_\_ Public water supply

Single family residence:      # of bedrooms \_\_\_\_\_      Living area: \_\_\_\_\_ (sq. ft)

Commercial/institutional (including multi-family residences) Type: \_\_\_\_\_

# of employees / occupants / units \_\_\_\_\_      Days occupied per week \_\_\_\_\_

Site Evaluator \_\_\_\_\_      License # \_\_\_\_\_

Designer \_\_\_\_\_      License # \_\_\_\_\_

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

Installer \_\_\_\_\_      License # \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pickup Signature:

\_\_\_\_\_  
Date: