

SAFE NUMBER

**BRAZOS COUNTY HEALTH DEPARTMENT
APPLICATION FOR AN ON-SITE SEWAGE FACILITY
COMMERCIAL Application**

Application valid one year from date of purchase

Reason for Permit (please circle):

New Construction System Replacement System Repair/Modification Transfer of Ownership

Name of Landowner: _____ **Phone:** (____) _____

Address at Site: _____ **City/State:** _____ **Zip:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____

Name of Business: _____ **E-mail Address:** _____

Information about Structure Type: Structure on Slab Mobile Home Pier &Beam

Total Square Footage (Heated Only): _____ **Number of Employees:** _____

Year Structure was Built: _____ Hours of Operation: _____

Type of Business: _____ Water Saving Devices (circle): YES/NO

Subdivision Name (if applicable): _____ Lot: _____ Block: _____ Phase: _____

Survey Name: _____ Abstract: _____ Tract: _____ Acres: _____

Flood Plain Permit Number: _____ Estimated Gallons Per Day: _____

Name of Water Supply: _____ Private Well (circle): YES NO

Name of Former Owner (if applicable): _____

Signature of Owner: _____ **Date:** _____

Receipt Information: Permit Application Fee \$500	_____	Date: _____
Repair/Modification \$80	_____	Date: _____
Re-Inspection Fee \$80	_____	Date: _____
Affidavit Fee \$20/\$24	_____	Date: _____
Compliance Inspection \$100	_____	Date: _____
Transfer of Ownership \$0	_____	Date: _____
Expedite Fee \$25	_____	Date: _____
Fax Fee \$3	_____	Date: _____
Long distance Fax Fee \$5	_____	Date: _____

Comments: _____

Fees are subject to change