



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

**APPLICATION FOR ON-SITE SEWAGE FACILITY
 NEW CONSTRUCTION AND MODIFICATION**

_____ **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