



RESIDENTIAL SEPTIC PACKET

Town of Fairview

372 Town Place

Fairview Texas 75069

Phone: 972.886.4209

Fax: 972.548.0268

Inspection Line: 972.886.4250

inspections@fairviewtexas.org

permits@fairviewtexas.org



Contractor Registration Application
(Select Only One Type Per Application)

Contractor Type:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | If renewal check here: <input type="checkbox"/> |
| <input type="checkbox"/> Swimming Pool | Cost for these contractors: |
| <input type="checkbox"/> Fence | \$50.00 New |
| <input type="checkbox"/> Irrigation | \$25.00 Renewal |
| <input type="checkbox"/> Sign | |

Contractor Type:

- | | |
|---|--|
| <input type="checkbox"/> Plumbing | <u>There is no charge for these contractor types</u>
Expiration based on License/Certificate expiration date |
| <input type="checkbox"/> Fire Alarm | |
| <input type="checkbox"/> Fire Sprinkler (Suppression) | |
| <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> Backflow/Septic | |
| <input type="checkbox"/> Electrical | If renewal check here: <input type="checkbox"/> |

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____ @ _____

Master/CEO Responsible for Supervision: _____

License/Certificate # _____ Expiration Date: _____

Driver's License # _____ Expiration Date: _____

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder. I will request all necessary inspections by the Town of Fairview to ensure compliance with all city regulations applicable for the proposed work.

Contractor's Signature: _____ Date: _____

*******Include a copy of your driver's license, master's license and/or certificate AND liability COI with the Town of Fairview identified as the Insured for processing**

******* Email information to: permits@fairviewtexas.org**

Information not received thru permits@fairviewtexas.org will not be processed.



372 Town Place | Fairview, TX 75069 | Town Hall (972) 562-0522

TOWN OF FAIRVIEW

ON-SITE SEWAGE FACILITY PERMIT REQUIREMENTS

PLAN SUBMITTAL:

Two (2) copies of the following are required. They must be submitted along with a completed application form.

1. Site plan showing location of all buildings (existing or proposed), easements, wells, bodies of water, and proposed treatment and disposal system.
2. Site/soil evaluation prepared by a Professional Engineer or licensed Site Evaluator.
3. Two (2) copies of technical data and design materials. ❖
4. A signed and notarized copy of the **Certificate of OSSF** Requiring Maintenance bearing the "file" stamp of the Collin County Clerk.
5. A signed copy of a **Maintenance Agreement** with a licensed installer.

❖ **Design Materials must be prepared by a Professional Engineer or Registered Sanitarian.**

After all materials are reviewed and approved by Public Works, an **Authorization to Construct** will be issued, and the applicant will be notified, then the permit can be issued.

FEES:	PLAN REVIEW	PERMIT
Single Family Residence	\$75.00	\$335.00
Commercial	\$100.00	\$475.00
Alteration or Repair	\$75.00	\$150.00

A \$50.00 FEE IS CHARGED FOR REINSPECTION DUE TO RED TAG VIOLATIONS

INSPECTIONS

1. **COVER-UP:** Tanks, Bedding, and Sub-Surface disposal inspected before excavations are closed.
2. **FINAL:** Entire system inspected for proper operation and compliance with applicable standards.

After the system passes FINAL INSPECTION, a **Notice of Approval** will be issued to the property owner and installer.



372 Town Place | Fairview, TX 75069 | Town Hall 972-562-0522

APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT # _____

NEW INSTALLATION

MODIFICATION

Property Owner's Name: _____

Current Mailing Address: _____

Daytime Phone Number: _____

Site Address: _____

Legal Description: _____ Block _____ Lot _____

Subdivision: _____

Property ID: _____ Acreage _____ Survey _____

Source of Water Private Well Public Water

Single Family Residence # of bedrooms _____ Living Area (ft²) _____

Commercial

Institutional

Multi-Family

Name of Business or Institution: _____

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 _____



372 Town Place | Fairview, TX 75069 | Town Hall (972) 562-0522

COUNTY OF COLLIN §
STATE OF TEXAS §

AFFIDAVIT

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of COLLIN COUNTY, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its power and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as:

Lot _____ Block _____ Addition _____

Physical Address _____

The property is owned by (OWNER'S FULL NAME): _____

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single-family residence shall obtain a maintenance contract within 30 days.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Town of Fairview.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____

(OWNER'S SIGNATURE(S))

(OWNER'S PRINTED NAMES)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DAY _____ OF _____



Notary Public, State of Texas