



KAUFMAN COUNTY, TEXAS

Development Services

OSSF Application

101 N. Houston St., Kaufman, TX 75142 (469) 376-4127

PLEASE NOTE: ALL INFORMATION MUST BE PROVIDED. ANY MISSING INFORMATION MAY CAUSE DELAY IN APPROVAL OF PERMIT

Type of Permit: Mfg Home Commercial Residential Other: _____

OWNER IDENTIFICATION

Owner(s) Name: _____

Owner is: Individual(s) Corporation LLC/PLLC Partnership Association Nonprofit
 Other: _____

If Owner is not Individual(s), Agent Name: _____ Title: _____

Physical Address: _____ City, State: _____ Zip: _____

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

Phone: (____) _____ - _____ Email: _____

DOB: _____ DL/ID#: _____

PROPERTY IDENTIFICATION

Site Address: _____ City, State: _____ Zip: _____

Property ID# (from County Appraisal District): _____

Subdivision: _____ Phase: _____ Lot: _____ Gate Code: _____

Single Family Residence: Type: _____ Sq Ft: _____ Bedrooms: ____ Bathrooms: ____

Commercial (Includes Multi Family): Type: _____ Sq Ft: _____ # of Employees: _____

Installer Name: _____ Ph#: _____

OSSF#: _____ Mailing Address: _____

The undersigned applicant certifies that all information supplied herein is true and correct and no incorrect information was provided for purposes of obtaining a permit to construct an on-site sewage facility. Applicant either owns and/or has authority to construct an on-site sewage facility on this property. Permission is hereby-granted to a designated representative of the licensing authority, Kaufman County Development Services Department, to enter said property for purposes of inspection, to determine compliance with applicable laws, standards, rules and regulations.

X _____

Owner/Agent Signature

Date

IF APPLICANT IS AGENT THEN COMPLETE SECOND PAGE FOR AGENT INFORMATION



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AGENT INFORMATION

COMPLETE THIS PAGE ONLY IF THE APPLICANT IS ACTING AS AN AGENT FOR THE OWNER

OWNER IDENTIFICATION

Owner(s) Name: _____

AGENT IDENTIFICATION

Agent Name: _____ Title: _____

Physical Address: _____ City, State: _____ Zip: _____

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

Phone: (____) _____ - _____ Email: _____

DOB: _____ DL/ID#: _____

The undersigned applicant further certifies that if they are acting as an agent for an entity identified above, specifically:
(Initial at least one that applies)

_____ *A partner (if the Owner is a partnership);*

_____ *An Officer of the corporation, association, Limited Liability Company, nonprofit corporation listed above; or*

_____ *An agent of the above entity, and by my duties in my above listed title I have such responsibility that have the authority to represent the policy and direction of the entity in this matter.*

IF NONE OF THE ABOVE APPLY THEN YOU ARE NOT THE AGENT THAT SHOULD BE COMPLETING THIS APPLICATION. THIS APPLICATION MUST BE COMPLETED BY A PERSON WITH SUFFICIENT AUTHORITY LISTED ABOVE.

X _____
Agent Signature

Date