

**OSSF/FLOODPLAIN DEVELOPMENT
APPLICATION CHECKLIST**

Staff will complete shaded items

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Date Received

Initials

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Permit Number

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF/Floodplain Development Application Checklist **must** accompany completed application.

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee
- Surface Application/Aerobic Treatment System
 - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

Floodplain Development Permit

- Property in Incorporated City
- Completed Application
- Boundary Map Indicating Location of Proposed Improvements
- Copy of Recorded Deed
- Required Permit Fee

I affirm that I have provided all information required for my OSSF/Floodplain Development Application and that this application constitutes a completed OSSF/Floodplain Development Application.

Signature of Applicant

Date

<input type="checkbox"/> COMPLETE APPLICATION Check No. _____ Receipt No. _____
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<input type="checkbox"/> INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)

ON-SITE SEWAGE FACILITY INSPECTION REQUIREMENTS:

A Permit of Authorization to Construct must be issued before construction, alteration, or repair of an on-site sewage facility may begin. Three (3) inspections are required as the system is installed. This office must be notified as least on day (24 Hours) before an inspection is needed. If the system fails or is not ready to be inspected when the Designated Representative arrives, the installer is responsible for a \$40.00 re-inspection fee. These requirements also apply to on-site sewage facilities in need of alteration or repair. After all the inspections and approval of the facility is completed, the applicant will be issued a "Permit of License to Operate". The permit license to operate is required before a facility is put into use.

***** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH *****
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

DATE: _____ PERMIT#: _____

OWNER NAME: _____ AGENT NAME: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

PHONE #: _____ PHONE #: _____

ALL CORRESPONDENCE SHOULD BE SENT TO: OWNER: _____ AGENT: _____ BOTH: _____

LEGAL DESCRIPTION OF PROPERTY:

SUBDIVISION NAME: _____

UNIT: _____ LOT: _____ BLOCK: _____ ACREAGE/LEGAL: _____

STREET NAME/ADDRESS: _____ CITY: _____ ZIP: _____

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES ___ NO ___ IF YES, THE PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN (R.S.) OR PROFESSIONAL ENGINEER (P.E).

IS THERE AN EXISTING TCEQ APPROVED WPAP FOR THE PROPERTY? YES ___ NO ___ IF YES, THE R.S. OR P.E. SHALL CERTIFY THAT THE OSSF DESIGN COMPLIES WITH ALL PROVISIONS OF THE EXISTING WPAP.

IF THERE IS NO EXISTING WPAP, DOES THE PROPOSED DEVELOPMENT ACTIVITY REQUIRE A TCEQ APPROVED WPAP? YES ___ NO ___ IF YES, THE R.S. OR P.E. SHALL CERTIFY THAT THE OSSF DESIGN WILL COMPLY WITH ALL PROVISIONS OF THE PROPOSED WPAP. A PERMIT TO CONSTRUCT WILL NOT BE ISSUED FOR THE PROPOSED OSSF UNTIL THE PROPOSED WPAP HAS BEEN APPROVED BY THE APPROPRIATE REGIONAL OFFICE.

TYPE OF DEVELOPMENT: - CHECK ONE

___ SINGLE FAMILY RESIDENTIAL - TYPE OF CONSTRUCTION _____
(HOUSE/MOBILE, RV, ETC)

___ # OF BEDROOMS _____ TOTAL SQR. FT. OF LIVING AREA _____ GALLONS PER DAY

___ COMMERCIAL TYPE OF BUSINESS/INSTITUTION: _____

___ NUMBER OF OCCUPANTS _____ GALLONS PER DAY

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY.

SOURCE OF WATER: PUBLIC _____ PRIVATE WELL _____

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY: _____

SYSTEM DESCRIPTION: _____

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION:

TANK SIZE(S) _____ GALLONS ABSORPTION/APPLICATION AREA _____ SQR. FT.

ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE? ___ YES ___ NO

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS HEREBY GIVEN TO THE PERMITTING AUTHORITY AND DESIGNATED AGENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF SITE/SOIL EVALUATION AND INSPECTION OF PRIVATE SEWAGE FACILITIES. I ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

SIGNATURE OF OWNER



COMAL COUNTY FLOODPLAIN

Permit # _____

DEVELOPMENT PERMIT APPLICATION Date: _____

Owners Name:	Address:	Telephone
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Builders Name:	Address	Telephone
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PROJECT LOCATION **: _____
Legal Description of Property:(i.e. subdivision and lot # or acreage amount within what survey.)

**** PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO IDENTIFY THE PROPERTY AND STRUCTURES :**
Recorded document showing ownership of property; Sketch or drawing of property lines that is "TO SCALE" showing where structures will be within the property lines.

Ferguson Map Page _____ Section _____ Commissioner Precinct # _____

DESCRIPTION OF WORK *(Please check all that apply):*

ACTIVITY

- New Construction
- Addition
- Improvements
- Replacement

STRUCTURE TYPE

- Residential
- Non Residential (Floodproofing Required? Yes)
- Combined Residential & Commercial
- Manufactured Home (In Manufactured Home Park? Yes)

ESTIMATED COST OF CONTRUCTION: \$ _____

OTHER DEVELOPMENT ACTIVITY *(Please check all that apply)*

- Clearing
- Drainage Improvements
- Excavation
- Fill
- Water Course Alteration
- Water Well
- Grading
- Other (Please Specify) _____

***** PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION*****

The flood insurance rate maps and other data used by the County Administrator in evaluating flood hazards for the proposed developments are considered reasonable and accurate for regulatory purposes, and are based on the best scientific and engineering data available. Greater floods can occur, and flood heights may be increased by man-made or natural causes. This application/exemption certificate does not imply that developments outside the identified areas of special flood hazards will be free from flooding or flood damage. Issuance of this exemption certificate shall not create liability on the part of Comal County in the event flooding or flood damage does occur.

ACKNOWLEDGEMENT OF WARNING BY: APPLICANT AGENT

DATE