

**Development  
Plan  
Subdivision  
Review Plans  
Fee:  
\$50.00**

**HARRISON COUNTY ENVIRONMENTAL HEALTH  
3800 FIVE NOTCH ROAD, MARSHALL, TX 75672  
OFFICE: (903) 938-8339 FAX: (903) 938-0969**



**APPLICATION FOR DEVELOPMENT PLANS OR  
SUBDIVISION REVIEW**

**HCEH USE ONLY**

RECEIPT NO. \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

1. DEVELOPERS NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_
3. TELEPHONE NO. DURING DAY: (\_\_\_\_\_) \_\_\_\_\_
4. SITE ADDRESS & CITY : \_\_\_\_\_
5. SUBDIVISION NAME: \_\_\_\_\_
6. LEGAL DESCRIPTION: \_\_\_\_\_
7. NUMBER OF LOTS: \_\_\_\_\_
8. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(Name of Supplier)
9. TYPES OF ON-SITE SEWAGE FACILITIES (OSSF):  Standard  Non Standard / Proprietary (i.e. Aerobic)
10. SITE EVALUATOR: \_\_\_\_\_
11. DESIGNER: \_\_\_\_\_ LICENSE NO. (PE or RS): \_\_\_\_\_
12. PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_

**I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Harrison County Environmental Health to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility (OSSF) and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)