

**ALL FEES ARE
NON-
REFUNDABLE
APPLICATION
FEE: \$50.00**

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



**APPLICATION FOR
OSSF DEVELOPMENT/SUBDIVISION PLAN**

HCEH USE ONLY

RECEIPT NO.

DATE

AMOUNT

1. DEVELOPERS NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE NO. DURING DAY: (_____) _____ 4. EMAIL: _____
5. SITE ADDRESS & CITY : _____
6. SUBDIVISION NAME: _____
7. LEGAL DESCRIPTION: _____
8. DEVELOPMENT SIZE _____ acres NUMBER OF LOTS: _____ MINIMUM LOT SIZE _____ acres
9. IS ANY PORTION OF THE DEVELOPMENT WITHIN A FEMA DESIGNATED FLOODPLAIN? YES NO
10. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)
11. TYPES OF ON-SITE SEWAGE FACILITIES (OSSF): Standard Non Standard / Proprietary (i.e. Aerobic)
12. SITE EVALUATOR: _____
13. DESIGNER: _____ LICENSE NO. (PE or RS): _____
14. PHONE NO.: (_____) _____

I _____, as owner or authorized agent for the owner of the proposed development described in this application do hereby certify that I am personally familiar with the facts and representations presented herein and declare that to the best of my knowledge all the information contained herein is true and correct.

(SIGNATURE)

(DATE)