

CITY OF HEATH

200 Laurence Dr.
Heath TX 75032

THE UNDERSIGNED, _____, of
(Applicant & Company Name)

_____ more specifically described
(Address of Project)

as Block _____, Lot _____, of the _____ Addition to the City of Heath,

Texas, do hereby certify that

“I have made an examination of the title to the property upon which the building or structure, for which this permit is sought, is to be constructed, and the proposed building or structure complies in each and every respect with any and all applicable covenants, deed restrictions and encumbrances of such property”

Signed this _____ day of _____, 20_____.

Printed Name

Signature

BEFORE ME, the undersigned Notary Public in and for said County and State, personally on this _____ day of _____, 20_____, personally appeared _____, known to me to be the identical person who signed the above and foregoing document, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth therein.

GIVEN under my hand and seal the day and year last above written.

Notary Public in and for the State of Texas

My Commission Expires:

[SEAL]



City of Heath
200 Laurence Drive
Heath, Texas 75032

Phone 972-771-6228
Fax 469-273-4015

SANITARY SEWER CONNECTION REQUEST

COMPLETED BY APPLICANT

Date: _____

Applicants Name: _____
Address: _____
Contact Person: _____
Contact Phone: _____

COMPLETED BY APPLICANT

Property Owner's Name: _____

Property Physical Address: _____

Owner's Phone Number: _____

Legal Description: (Subdivision) _____ (Block) _____ (Lot) _____

Permit Number: _____

City Use Only

Meter Information: 5/8" 1" Other _____

Fees:

Impact \$ _____ _____

Clean Out Assembly \$ _____ _____

Tap \$ _____ _____

Other Related Fees \$ _____ _____

Total \$ _____

STAFF COMMENTS : _____

CITY OF HEATH: _____ DATE ISSUED: _____



CITY OF HEATH
DEPARTMENT OF PUBLIC WORKS
BUILDING INSPECTION DIVISION
200 LAURENCE DRIVE
HEATH, TX 75032-2608
972-771-6228
Fax 469-273-4015

TEMPORARY PERMIT APPLICATION / UTILITIES RELEASE

Date: _____

Site Address: _____ Suite Number: _____

City: _____ State: _____ Zip: _____

Business Name (If applicable): _____

Site Owner _____

Telephone Number: (_____) _____

Mark as Commercial or Residential Request	Options	Fee Each	Total Fee
	Temporary Certificate of Occupancy - Includes Fire Marshall and Building Inspection (Commercial only)	\$ 25 – Building Inspection \$25 – Fire Marshall Inspection	
	Temporary Electric Only	\$ 25	
	Temporary Gas Only	\$ 25	
	Temporary Electric and Gas	\$ 50	
	Reconnect Electric	\$ 25	
	Deposit Required* (If structure is entirely electric or if requesting for both gas and electric releases)	\$500	

* Pursuant to § 50.17 of the City of Heath Code of Ordinances, if any person requests of the Building Official or his/her designated representative that utilities be engaged or turned on prior to final inspection, such person shall place on deposit with the City the sum of \$500.00, to insure that final inspection is made. Failure by any person to obtain and pass a final inspection prior to occupying the structure shall result in the amount so deposited being forfeited. This forfeiture shall in no way eliminate or diminish the civil or criminal liabilities associated with any other Heath Ordinance. (Ord No. 011115A)

Clean and Show _____ Yes (Commercial Only)

<i>Office Use Only</i> Approved By: _____ Date: _____
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City of Heath
 Phone 972-771-6228
 200 Laurence Drive * Fax 469-273-4015
 Heath, Texas 75032

WATER CONNECTION REQUEST

COMPLETED BY APPLICANT

Date: _____

Applicants Name: _____
 Address: _____
 Contact Person: _____
 Contact Phone: _____

COMPLETED BY APPLICANT

Property Owner's Name: _____

Property Physical Address: _____

Owner's Phone Number: _____

Legal Description: (Subdivision) _____ (Block) _____ (Lot) _____

Permit Number: _____

City Use Only

Meter Information: 5/8" 1" Other _____

Fees:

Impact \$ _____ _____

Meter and Accessories \$ _____ _____

Tap \$ _____ _____

Other Related Fees \$ _____ _____

Total \$ _____

STAFF COMMENTS : _____

CITY OF HEATH: _____ DATE ISSUED: _____



WATER DEPARTMENT - WORK ORDER

CITY OF HEATH
200 LAURENCE DR.
HEATH , TX. 75032

DATE ISSUED ___/___/___ NAME _____

RECEIPT # _____ BILLING ADDRESS _____

CITY , ZIP _____

CONTACT PERSON _____

CONTACT NUMBER _____

JOB ADDRESS _____

SUBDIVISION _____ LOT _____ BLOCK _____

DATE _____

SIGNED _____

___ SET METER
___ CHANGE METER
___ READ METER
___ OTHER

___ 5/8" METER
___ 1" METER
___ SEWER LOCATE

DATE SET
___/___/___

NEW METER READING _____ SERIAL NUMBER _____

OLD METER READING _____ SERIAL NUMBER _____

NUMBER OF DIGITS ON METER : (PLEASE CIRCLE ONE) 3 4

SEQUENCE NUMBER: (FOR SEQUENCE) _____

ROUTING WATER METER DEPARTMENT

BILLING DEPARTMENT