

**CITY OF HEATH**200 Laurence Drive
Heath, TX 75032

Main City Number: 972-771-6228

Fax: 469-273-4015

Inspection: 972-961-4892

Permit # _____ - _____

Amount Paid \$ _____

Check # _____

Date Paid ____/____/____

Receipt # _____

APPLICATION FOR OSSF MODIFICATION PERMIT

Job Address:		
Legal Desc. Subdivision:	Lot:	Block:
Other Than Subdivision	Acreage:	Survey:
Public Water Supply: (Supplier Name)		

Owner:	Telephone #:		
Address: (Street)	(City)	(State)	(Zip)

OSSF Contractor:	Heath Registration #
Contact Name:	Telephone #:
Type of System:	Brand:

Designer:	
License #:	Telephone #:

Describe type of work to be done (Ex: Moving sprinklers to meet set back requirements):
Reason for Modification (Ex: Swimming pool installation):

Please include the following when making application:

- ☐ Any and all AVAILABLE original system designs and plans (If not available—a letter from the OSSF maintenance company verifying location of system, sprinkler heads, etc.)
- ☐ Site diagram that includes all buildings, wells, structures, landscaping, slopes, property lines, swimming pools and sprinkler/disposal area
- ☐ Copy of current maintenance contract and inspection report
- ☐ **Fee of \$200.00 per application (Due at application)**

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Heath to enter upon the described property for the purpose of lot evaluation and inspection of the on-site sewage facility 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 the TCEQ On-Site Sewage Facility Rules, TAC 30, Chapter 285.

DATE _____ SIGNED _____
(Agent or Owner)