

Collin County Development Services Permit Application

Owner/Buyer Name:	Current Mailing Address (Street, City and Zip):	Daytime Phone #:
Renter Name (if applicable)	Address to mail OSSF (Septic) License to Operate System (Street, City and Zip):	Alternate Phone #:

Project 911 Address (If different from above):

Detailed Directions to Project Site:

Project Description (Please circle or complete all applicable and N/A all non-applicable)

New Construction	Septic System	Project Information:
HOUSE	NEW	A/C SQ. FT. _____
BARN/SHOP/GARAGE/STORAGE	REPAIR	# OF BEDROOMS _____
SWIMMING POOL	UPGRADE	# OF BATHS _____
REMODEL/ADDITION	IN CITY LIMITS	# OF KITCHENS _____
MANUFACTURED HOME		with ISLAND: Y or N
OTHER _____		GARAGE: ATTACHED or DETACHED
<u>IF EXISTING SEPTIC SYSTEM - COMPLETE THIS SECTION AS THOROUGHLY AS POSSIBLE:</u>		JACUZZI TUB: Y or N
NAME OF ORIGINAL PERMIT HOLDER: _____		FIREPLACE: Y or N w/ LOG LIGHTER: Y or N
TYPE OF SYSTEM: _____ APPROX. AGE: _____		HEAT: ELECTRIC or LP
PERMIT #: _____ INSTALLER: _____		WATER HEAT: ELECTRIC or LP
		TYPE OF NEW SEPTIC BEING INSTALLED:

BRIEFLY DESCRIBE TYPE OF WORK BEING DONE:

CONTRACTOR INFORMATION

PLEASE PROVIDE THE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER FOR EACH APPLICABLE CONTRACTOR WORKING ON THE PROJECT

<u>COMPANY NAME</u>	<u>ADDRESS (STREET, CITY, ZIP)</u>	<u>PHONE</u>
BUILDER _____	_____	_____
ELECTRICIAN _____	_____	_____
ELECTRICIAN (INDIVIDUAL'S NAME & LICENSE #) _____	_____	_____
PLUMBER _____	_____	_____
PLUMBER (INDIVIDUAL'S NAME & LICENSE #) _____	_____	_____
SEPTIC SITE _____	_____	_____
EVALUATOR (INDIVIDUAL'S NAME) _____	_____	_____
SEPTIC INSTALLER _____	_____	_____
INSTALLER (INDIVIDUAL'S NAME) _____	_____	_____

POWER CO.: _____ **GAS CO.:** _____

CONTACT NAME FOR QUESTIONS AND PERMIT PICK UP (PERMIT CAN NOT BE ISSUED WITHOUT CONTACT INFO):

NAME: _____ PHONE#: _____ ALT. PHONE#: _____

OWNER/BUYER SIGNATURE: _____ DATE: _____