

BASTROP COUNTY DEVELOPMENT SERVICES APPLICATION

806 WATER STREET, BASTROP, TEXAS 78602

METRO: 512/581-7176 FAX: 512/581-7178

The follow information packet(s) are included with this application:

___ 9-1-1 Addressing ___ Construction ___ Driveway/Culvert ___ On-Site Sewage ___ L.P.H.C.P. ___ Subdivision

PLEASE PRINT CLEARLY AND COMPLETE EACH ITEM

1 APPLICATION TYPE - check one or all that apply and complete sections identified:

- 9-1-1 ADDRESS complete sections (2)(3)(4)(6)(7)(8)
CONSTRUCTION PERMIT complete sections (2)(3)(4)(6)(7)(8)
DRIVEWAY PERMIT complete sections (2)(3)(6)(7)(8)
ON-SITE SEWAGE FACILITY complete sections (2)(3)(4)(5)(6)(7)(8)

2 PROPERTY OWNER INFORMATION:

A. Name: First: Last: ID#
B. Mailing Address: Apt/Unit/Ste Number:
C. City: State: Zip:
D. Phone Number: Day: Evening: Cell:
E. Fax: e-mail:

3 PROPERTY DESCRIPTION:

A. Appraisal District Property ID Number: R Physical Address
B. Subdivision Name: Survey Name:
C. Phase: Unit: Section: Abstract Number:
D. Block Lot: Acreage:
E. Is this property located in the Lost Pines Habitat Conservation Plan area (Houston toad habitat)? Refer to map. Yes No

4 CONSTRUCTION DESCRIPTION - Check all that apply and fill in the blanks within each section:

Check here and skip section 4 if you are NOT applying for a 9-1-1 address, construction permit, or on-site sewage facility permit.
A. Construction Addition to Existing Structure Substantial Improvements to Existing Structure
Placement of Fill Alteration of a Natural Waterway or Drainage
B. Single Family Residential Manufactured Home Site Built House Other:
Number of Bedrooms: Living Area: square feet
Non-Single Family Residential Multi-Family Residential Single Unit Commercial Multi Unit Commercial
Number of Buildings: Number of Units:
Number of Occupants per Unit: Days per Week:
Name: Type of Business:
Non-Residential Description:
C. Estimated Date of Completion:
D. Contractor/Builder Name:
Address: City: State: Zip:
Phone Number: e-mail:

5 ON-SITE SEWAGE FACILITY - Check all that apply and fill in the blanks:

Check here and skip section 5 if you are NOT applying for an on-site sewage facility.
A. Designer's Name: Phone:
B. Maintenance Provider: Phone:
OSSF II License: No Yes License Number:
C. Installer's Name: Phone:
OSSF II OSSF I License Number:
D. Installation Type - New Construction Alteration, Extension, Repair
E. Design Type - Standard Design Professional Design (Professional Engineer or Professional Sanitarian)
System Type: Tank Manufacturer:
F. Water Source - Private Water Well Public Water System, Name:

⑥ PERMIT ISSUANCE

Permit(s) and/or notice(s) will be mailed to the property owner at the address listed on this application unless otherwise specified.

A. Specific permit/notice delivery instructions: _____

⑦ ACKNOWLEDGEMENT — By my signature below:

- I acknowledge that all Permit(s) for development/structure have been issued based on plans and specifications submitted and reviewed. If during any stage of construction it is determined that the proposed development will result in a change of location or placement of 25 feet or more, I am required to submit a revised site plan with any supporting documents needed for additional review and approval.
- I acknowledge myself to be bound to all rules and regulations of the Commissioners Court of Bastrop County, Texas, and to ensure that all provisions of my Permit(s) are faithfully performed.
- I certify that the all information, statements and attachments are true and correct and that my Permit(s) may be revoked if found to be otherwise.
- I understand that work must be completed within one year of issuance of permit(s) for construction, on-site sewage facility and driveway culvert.
- I acknowledge that the issuance of Permit(s), or notice(s), does not create liability on the part of Bastrop County, its duly appointed agents, representatives and employees.
- I acknowledge that violations of local, state, and federal regulations are a Class C Misdemeanor and each day a violation occurs is a separate offense.
- I shall hold harmless the Bastrop County and its duly appointed agents, representatives and employees against any action for personal injury or property damage sustained by issuance of permit(s) or notice(s).
- I hereby grant Bastrop County, its duly appointed agents, representatives and employees the authority to enter the property described in this application for the purpose of site, construction, and compliance inspections.

Applicant's Signature:  _____ Date: _____

Print Name: _____ Phone: _____

Check all that apply: Property Owner Agent Developer/Builder Other _____

⑧ ATTACHMENTS — The following attachments are required to complete the application:

- | | |
|--|--|
| <input type="checkbox"/> Site Plan | Additional Attachments - <i>Septic Permits Only</i> |
| <input type="checkbox"/> Copy of Survey or Plat | <input type="checkbox"/> Septic Plan |
| <input type="checkbox"/> Proof of Ownership | <input type="checkbox"/> Site Evaluation Report |
| <input type="checkbox"/> Location Map, With Driving Directions | <i>Aerobic Septic System Only Must Also Attach:</i> |
| <input type="checkbox"/> Copy of Other Required Permits
<i>(Example: TxDOT Driveway Permit)</i> | <input type="checkbox"/> Aerobic Affidavit for Maintenance |
| | <input type="checkbox"/> Aerobic Maintenance Contract |

Official Use Only – Please do not write in this area		Appraisal District Property ID Number R _____	
Application # _____	Precinct # _____	Date _____	By _____
911A: Addr _____	Zip _____	Date _____	By _____
DWC: Culvert Size _____	Inspector _____	Date _____	By _____
FPM: FZ _____ Panel/Suffix _____		Date _____	By _____
OSSF: PTC _____ LTO _____		Date _____	By _____
SUB: Status _____		Date _____	By _____
LPHCP: Land is within Plan Area? <input type="checkbox"/> No <input type="checkbox"/> Yes → Advised voluntary participation option		Date _____	By _____
Participation Application? <input type="checkbox"/> No <input type="checkbox"/> Yes → Permit # _____		Date _____	By _____
Notes: _____			

QUICK REFERENCE GUIDE: DEVELOPMENT SERVICES APPLICATION

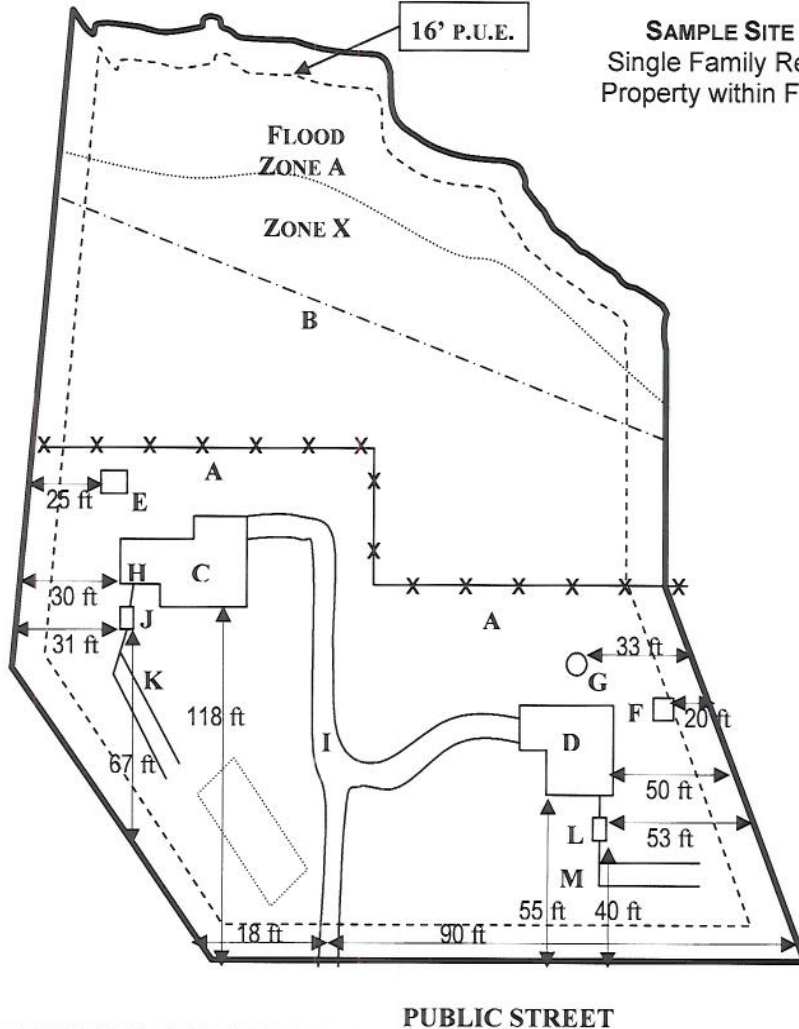
TYPE OF DEVELOPMENT SERVICES		REQUIRED DOCUMENTS													
		Refer to Page 2 for document descriptions and requirements.													
		Completed Application	Site Plan	Copy of Survey or Plat	Proof of Ownership	Location Map	Copy of Other Required Permits When Applicable	Septic Plan & Specifications	Soil Evaluation Report	Maintenance Contract	Affidavit/Acknowledgment When Applicable	Release of Easement When Applicable	LPHCP Application	Application Fee Per Permit	
9-1-1	Address Assignment	√	√	√	√		√							None	
DEVELOPMENT	Single Family Residential Development Permit													\$ 225	
	Accessory/Incidental Development Permit													\$ 50	
	Recreational Vehicle Development Permit	√	√	√	√	√	√				√	√		\$ 200	
	Non-Single Family Development Permit (Commercial, Industrial, Multi-family, etc.)	√	√	√	√	√	√				√	√			
	Cat.	Cost of Construction													
	1	< \$250,000													\$ 750
	2	0 - \$250,000													\$ 1,000
	3	250,001 – 1,000,000													\$ 3,000
	4	1,000,001 – 2,000,000													\$ 7,000
	5	2,000,001 – 3,000,000													\$ 12,000
6	> 3,000,001													\$ 14,000	
R.O.W.	Driveway / Culvert Permit	√	√		√	√								\$ 25	
ON-SITE SEWAGE FACILITY <small>*Commercial Permits – add an additional \$150</small>	Standard Septic System Permit *	√	√	√	√	√		√	√		√	√		\$ 400	
	Non-Standard Septic Permit (Professional Engineer, or Professional Sanitarian) *	√	√	√	√	√		√	√	√	√	√		\$ 565	
	Septic System Modification Permit (Includes tank replacement, extension, alteration, or repair) *	√	√	√	√	√		√	√					\$ 200	
	Re-Inspection Fee													\$ 125	
L.P.H.C.P.	Participation Permit Per 1/2 acre (1 acre maximum) Administrative Fee	See LPHCP Administration for participation information...										√	\$ 1500 \$ 120		

DOCUMENT DESCRIPTIONS AND REQUIREMENTS

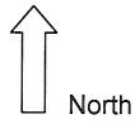
SITE PLAN

Site Plan must include the following items that are applicable (see sample site plan below):

- Drawn to a scale no greater than 1" = 60', or include measurements in feet
- Indicate North
- Identify Floodplain and Easements
- Label Streets
- All Structures Existing and Proposed (home, garage, outbuildings, pool, fencing, driveways, sidewalks, etc.)
- Water Wells, Water Lines, On-Site Sewage Facilities (OSSF), Sewer Lines
- Landscaping
- Placement of Fill
- RV Pad Sites
- Temporary Placement of Equipment
- Mining, Dredging, Grading, Paving, Excavation, or Drilling Operation



SAMPLE SITE PLAN
Single Family Residence
Property within Floodplain



Scale: 1" = 60'

Note: Property gently slopes (<2%) from the SW corner to the NE corner.

- A. Existing fence line (does not encroach drainage easement)
- B. Drainage easement (undeveloped and maintained)
- C. Proposed 4 bedroom, 2800 sq. ft. site built house
- D. Existing 3 bedroom, 2300 sq ft site built house
- E. Proposed outbuilding
- F. Existing outbuilding
- G. Proposed above ground pool
- H. Patio
- I. Gravel Driveway
- J. Proposed septic tank
- K. Proposed drain field
- L. Existing septic tank
- M. Proposed drain field

PUBLIC STREET

COPY OF SURVEY OR PLAT: A copy of the plat is acceptable for recorded subdivisions. Otherwise, a survey map is required. When the property contains floodplain, the survey should delineate flood zones, floodway, proposed home foot prints, drainage easements, correct FIRM panel number (dated 1/19/2006), and any other information needed for review.

PROOF OF OWNERSHIP: A copy of the deed is required if appraisal district records (www.bastropcad.org) do not reflect current owner

LOCATION MAP: A map showing the location of the property, which includes detailed driving directions from a major intersection.

COPY OF OTHER REQUIRED PERMITS: A copy of all required local, state, federal or other required permits (example: TxDOT driveway permit, Army Corps of Engineers, Texas Commission on Environmental Quality, etc.)

SEPTIC PLAN & SPECIFICATIONS: Layout of all components of septic system and all applicable set backs (see OSSF packet).

SOIL EVALUATION REPORT: Report must be prepared by Licensed Site Evaluator or P.E. (see OSSF packet).

OSSF MAINTENANCE CONTRACT: Contract is required for an on-site sewage facility with secondary treatment (see OSSF packet).

AFFIDAVIT: Submit a copy of affidavit recorded with the Bastrop County Clerk's Office (see OSSF and/or Construction packets).

RELEASE OF EASEMENT: Release is required when construction extends onto or across an easement.

FEES: As indicated on the Quick Reference Guide page.

Retail Food Operation Information

Proposed Open Date: _____

Days and Hours of Operation: _____

List type of foods to be sold: _____

Number of employees (include management, family and owners): _____

Number of employees that have Food Manager's Certification: _____

Fee Schedule
(CHECK OR MONEY ORDER ONLY)

Retail Food Establishment

- _____ \$150.00 for 1 – 5 employees (including management, family and owners)
- _____ \$250.00 for 6 – 10 employees (including management, family and owners)
- _____ \$300.00 for 11 + employees (including management, family and owners)

Exemptions

- _____ Non-Profit – *Include copy of 501(C) and return with application*
- _____ Other: _____

VERIFICATION: I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any Corporation Franchise Taxes owed the State of Texas under Chapter 171, Tax Code; nor am I delinquent in the payment of any Child Support owed under Chapter 232, Family Code. I further certify that I have read and understood the applicable provisions of 25 TAC, Chapter 229 and Chapter 437 of the Health and Safety Code and agree to abide by them.

Signature of Owner, Partner, President, Date
Or Corporation Designee (cannot be manager)

Date

Print Name

BASTROP COUNTY DEVELOPMENT SERVICES
Health and Sanitation Services

TEMPORARY FOOD PERMIT APPLICATION

Return completed application and *check or money order* fee payable to: Bastrop County at the Department of Environmental & Sanitation, 806 Water Street, Bastrop, Texas 78602. For additional permitting assistance call 512/581-7176.

Name of Business: _____

Business Owner Name(s): _____

Drivers License Number: _____ Date of Birth: _____

Mailing Address : _____ / _____ / _____
Address city zip code

Day Phone Number: _____

Fax: _____ email address: _____

Name of Event: _____

Event Location: _____

Date of Event: _____

Days and Hours of Operation: _____

List type of Foods to be sold: _____

Number of Employees (including management, family, and owners): _____

Number of Employees that have Food Managers Certification: _____

Name of Employee: _____ FMC expiration date: _____

Fee Schedule
(Check or Money Order Only)

_____ \$25.00 for Temporary Food Permit (permit is valid for 3 consecutive days per event)
_____ Non-Profit – *Include copy of 501 (C) and return with application*

Signature of Applicant

Date