

WILSON COUNTY Health & Public Safety Office

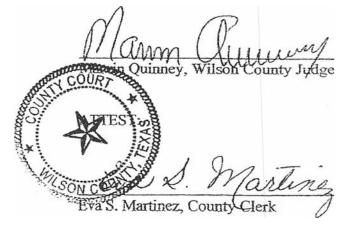
CHECKLIST FOR PERMITS

Wilson County Commissioners Court, hereby announces that effective June 1, 2007 that Wilson County will require the following permits applications be obtained prior to <u>any final inspections and/or release</u> of permits being processed or approved,

The following **Permits are required:**

- Floodplain Permit (Approval Required Before "OSSF" Start -Up)
- On-Site Sewage Facilities "OSSF" (Septic) Permit
- Driveway Permit (County Maintained Roadways)

(See attached Checklist for Wilson County's Permit Application process. All checks payable to Wilson County)
Signed:



This is a list of requirements needed from the Property Owner, Installer, or Engineer for preparation of your paperwork in order to prevent delay of inspections:

- *** Legal Description of Property [PLAT]
- *** Proof of Ownership [RECORDED DEED]
- *** Drawing to Scale
- *** Name of Septic Company, Address and Phone Number
- *** 911 Address (Physical Address) [Verification Required From the 911 Addressing Department]

ALL SIGNATURES IN BLUE INK

WILSON COUNTY, TEXAS PERMIT REQUIREMENTS

Name of Property Owner	Phone Number	Email Add	Email Address		
Name of Homeowner	Phone Number		ceive approved nt permit by: or Ema		
Property Owner's Mailing Address					
9-1-1 Address / Installation Address (Physic	cal address of property)				
Name of Subdivision	Section/Unit No.	Block No.	Lot No.		
Recorded Deed Vol Pg	_				
APPLICATION PERMIT CHECKLIST REQUIRED INFORMATION			JSE BY COUNTY IS AREA BLANK		
911 Address Verification	911 /	911 Addressing			
Development Permit	Permit No.	Receipt No.	Date		
Septic Permit On-Site Sewage Facilities "OSSF"	Permit No.	Receipt No.	Date		
The authorization to construct is valid for to performed within one year of issue, a new a			ection has not been		
Driveway Permit (County Roadways)	Permit No.	Receipt No.	Date		
APPLICANT ACKNO	WLEDGEMENT OF PE	RMIT REQUIREMEN	TS		
Signature of [Applicant] / Owner		te			
Signature of Home Owner		te			
Installer:					
Address:	Ph	one No			
Builder:					
Address:	Ph	one No			
Driveway:					
Address:	Ph	one No.			

WILSON COUNTY PERMITTING 800 10th Street, Building B Floresville, TX 78114 830-393-8357

DEVELOPMENT PERMIT APPLICATION FORM

	of Applicant:					
lin	g Address:					
n	#					
	Location of property (Complete as	appropriate) If located in	a subdivision:			
	Name of Subdivision IF NOT located in a subdivision:	Section/Unit No.	Block No.	Lot No.		
	Name of Survey/Abstract		Acreage			
	Location Description (Physical Control of the Contr	sical address or attach a	vicinity map)			
	Nature of Proposed Construction (Chook () Residential () () () Alteration of a Natural Watery	Non-Residential	() Other	nent of Fill		
	Description of Proposed Construction () New Construction () () House () () Non-Residential (Specify) () Commercial (Name and Type () Other	Substantial Improvement Mobile Home ()	ent to Existing Str			
	APPLICANT WILL PROVIDE ONE CO		ECIFICATIONS C	F THE		
	************			*****	******	
	- ·	O NOT WRITE BELO USE BY COUNTY A		OR .		
	IS THE PROPERTY LOCATED IN AN IS ADDITIONAL INFORMATION REG ARE OTHER FEDERAL, STATE OR	QUIRED? LOCAL PERMITS REQU		() YES) YES X) YES	1 () 1 () 1 ()
	(Driveway Permit and Septic Tank			(2	X) YES	1()
	ARÈ OTHER COUNTY REGULATION	NO AFFEIGABLE:				
		NO AFFEIGABLE:	Date of Issuan			

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DEVELOPMENT PERMIT EXEMPTION CERTIFICATE

STATE OF TEXAS § COUNTY OF WILSON §				
APPLICATION NUMBER	WILSON COUNTY COMMUNITY - PANEL NUMBER 48493C			
NAME OF APPLICANT				
THE ABOVE NAMED APPLICANT APPLIED FOR A DE THE COUNTY ADMINISTRATOR HAS REVIEWED TH PROPOSED DEVELOPMENT IS NOT WITHIN AN IDE	E APPLICATION AND IT IS HIS/HER DETERMINATION THAT THE			
	FROM DEVELOPMENT STANDARDS REQUIRED BY WILSON ONS. WORK IS HEREBY AUTHORIZED TO PROCEED ON THE			
PROPOSED DEVELOPMENT AND DESIRES FOR DEVELOPMENT OR DESIGN ALTERAT ADVISE THAT NO STRUCTURE BE BUILT	TIEWED THE PLANS AND SPECIFICATIONS OF THE S TO MAKE THE FOLLOWING RECOMMENDATIONS TONS: T AND/OR PLACED IN ANY DRAINAGE OR CREEK ATER FLOODING CONDITIONS, IT IS RECOMMENDED			
THAT FLOOR ELEVATION BE A MINIMUM OF A CLEARLY DEFINED CHANNEL DOES NO	OF TWO (2) FEET ABOVE NATURAL GROUND WHERE T EXIST.			
WARNING: The flood hazard boundary maps and other fl flood hazards to proposed developments a purposes and are based on the best available greater floods can and will occur and flood he This exemption certificate does not imply that the hazard will be free from flooding or flood dama	ood data used by the County Administrator in evaluating re considered reasonable and accurate for regulatory ole scientific and engineering data. On rare occasions eights may be increased by man-made or natural causes. developments outside the identified areas of special flood age. Issuance of this exemption certificate shall not create ounty Administrator or any officer or employee of Wilson			
(x) Acknowledgment of Warning by Applicant	Date			
Rebekkah Scriven Wilson County Floodplain Administrator	Date			