



Residential Permits

Below are the requirements for City of New Fairview residential permit submittal.

- 1 Recorded Plat of the Subdivision _____
- 2 Plot Plans or Survey _____
- 2 Floor Plans to scale _____
- 2 Engineer Foundation Letters stamped and signed _____
- 2 Engineer Foundation Plans stamped and signed _____
- 2 ResChecks (residential energy code analysis) _____
- 2 Engineer Letters if plan has Eyebrow Arches _____
- 1 Full set of plans submitted electronically _____

Information needed about the builder.

Electric Provider

Builders Drivers License Number



999 Illinois Lane
New Fairview TX, 76078
Phone 817-638-5366 Fax 817-638-5369

APPLICATION FOR NEW CONSTRUCTION

BUILDING PERMIT
Please Print

Building Permit Number _____ Valuation _____

Project Location _____

Lot _____ Block _____ Subdivision _____

Project Description:

New _____ Remodel _____ Addition _____ Accessory Building _____
Swimming Pool _____ Fence _____ Other _____

Description of Work: _____

Area Square Feet:

Living: _____ Garage: _____ Covered Porch: _____

Total: _____ Number of stories: _____

Set Backs:

Front: _____ Left Side: _____ Right Side: _____ Rear: _____

Circle A, B or C

A. Gas and Electric

B. Total Electric

C. Propane

Owner Information:

Name: _____

Contact Person: _____

Address: _____

Phone # _____ Fax # _____ Mobile # _____

Email: _____

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 New Fairview TX, 76078
 Phone 817-638-5366 Fax 817-638-5369

General Contractor

Contact Person: _____ Phone #: _____
 Contractor License #: _____

Mechanical Contractor

Contact Person: _____ Phone #: _____
 Contractor License #: _____

Electrical Contractor

Contact Person: _____ Phone #: _____
 Contractor License #: _____

Plumber/Irrigator

Contact Person: _____ Phone #: _____
 Contractor License #: _____

Signature of Applicant: _____ Date: _____

Approved By: _____ Date approved: _____

Development Type	Maximum Accessible Fee
Single Family	\$2,828.79 / Dwelling Unit
Multi Family	\$1,994.10 / Dwelling Unit
Retail	\$10,283.78 / 1,000 SQFT
Basic	\$474.01 / 1,000 SQFT
Service	\$2,653.35 / 1,000 SQFT

Transportation Impact Fee _____

Building Permit Fee _____

Plan Review Fee _____

Total Fees _____

Issued Date _____

Issued By _____

- Copy of plans must be submitted with all commercial, retail, and site built homes.
- Please allow two to three days for approval
- Building permit valuation shall include total value of the work for which a permit is being issued, such as electrical, gas, mechanical, plumbing equipment and other permanent systems including materials and labor.
- Inspections are required
- For Information on permits and inspections call City Inspector Jim Estep @ (469)766-2436

City of New Fairview
999 Illinois Lane
New Fairview, TX 76078
Phone #: 817-638-5366
Fax #: 817-638-5369
Email: CNFClerks@gmail.com



**Service Permit
Release for Utilities**

Applicant: _____ **Telephone:** _____

Service Address: _____

Property Owner: _____ **Telephone:** _____

Address: _____

Date: _____ **Permit #:** _____ **Permit Fee:** **\$0.00**

A copy of Driver License or form of ID is required.

Release for Water

Temp _____

Permanent _____

Other _____

Release for Electric

Temp _____

Permanent _____

Approved

**Brooke Boller
City Clerk**



ON-SITE SEWAGE FACILITY (OSSF) *PERMIT APPLICATION CHECKLIST*

Your OSSF application will not be deemed complete unless it includes the following completed items:

- Permit Application Form
- Technical Information Form
- Site Evaluation & Planning Materials Form
- Landscape Plan
- Signed Maintenance Contract
- Affidavit to the Public filed at the county courthouse where the property is located
- Certified copy of the most recent plat for the parcel listed on the application
- Detailed directions to the site
- Cash, check or money order payment in the amount of \$410.00; make checks payable to the City of New Fairview

IMPORTANT INFORMATION

1. Do not begin construction prior to application approval. Unauthorized construction can result in civil and/or administrative penalties.
2. All fees are non-refundable.
3. The application and planning materials will be reviewed by the City of New Fairview. Non-standard planning materials may be reviewed by the City of New Fairview.
4. If your application is approved, an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance.
5. The installer must notify the City of New Fairview at least **five working days** before the date of the construction inspection. All excavations must be left open until the inspection has been completed.
6. If the installation is approved, a Notice of Approval will be issued to the owner within seven days.
7. A reinspection fee equal to $\frac{1}{2}$ the permit fee must be paid by the installer for each time the system must be reinspected. All fees must be paid before a Notice of Approval will be issued.



CITY USE ONLY

APPLICATION # _____

DATE RECEIVED _____

AMOUNT PAID _____

ON-SITE SEWAGE FACILITY (OSSF)

PERMIT APPLICATION

PROPERTY OWNER

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

LOCATION

INSIDE CITY LIMITS UNINCORPORATED AREA

SITE ADDRESS _____

LEGAL DESCRIPTION *SEC* *BLOCK* *LOT* *PLAT DATE*

SUBDIVISION _____

OTHER THAN SUBDIVISION *ACREAGE OR SQ FT* *SURVEY NAME*

ABSTRACT NAME / NO _____

WORK TYPE

NEW REPAIR ADDITION TRANSFER

WATER SOURCE

PRIVATE WELL PUBLIC WATER SUPPLY

(NAME OF SUPPLIER)

OCCUPANCY TYPE

(SELECT ONE)

SINGLE FAMILY RESIDENCE *# OF BEDROOMS* *LIVING AREA (SQ FT)*

COMMERCIAL / INSTITUTIONAL *TYPE*
(INCLUDING MULTI-FAMILY RESIDENCES)

OF EMPLOYEES / OCCUPANTS / UNITS _____ DAYS OCCUPIED PER WEEK _____

STRUCTURE TYPE

SLAB PIER & BEAM MANUFACTURED HOUSING

SITE EVALUATOR

NAME _____ PHONE _____ LIC # _____

EMAIL _____	LIC EXP _____
DESIGNER	
NAME _____	PHONE _____ LIC # _____ <small>(PE or RS)</small>
EMAIL _____	LIC EXP _____
INSTALLER	
NAME _____	PHONE _____ LIC # _____
EMAIL _____	LIC EXP _____
MAINTENANCE CONTRACT PROVIDER	
NAME _____	PHONE _____ LIC # _____
EMAIL _____	LIC EXP _____
DESIGNATED REPRESENTATIVE	
NAME <u>Chris C McGinn, RS</u>	LIC # <u>OS0029146</u> LIC EXP <u>5/31/2022</u>
CERTIFICATION & AUTHORIZATION	
<p>I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of New Fairview to enter upon the above described property for the purpose of soil / site evaluation and investigation of an on-site sewage facility</p>	
_____ PROPERTY OWNER'S SIGNATURE	_____ DATE

If you have questions about how to fill out this application or about the on-site sewage facility program, please contact New Fairview City Hall at 817-638-5366.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 817-638-5366.



ON-SITE SEWAGE FACILITY (OSSF)

SITE EVALUATION & PLANNING MATERIALS

PERMIT ADDRESS _____

EVALUATOR INFORMATION

NAME _____

ADDRESS _____ LICENSE NO _____

CITY / STATE / ZIP _____ PHONE NO _____

SITE EVALUATION

- A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area.
- The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated.
- This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

PLANNING MATERIALS

- The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details:
 - A scale drawing of the on-site sewage facility, showing all structures served.
 - Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated and signed.
 - Proposed designs must comply with all separation distances identified in Table X (*note easements, etc.*)
 - A sectional view of the tanks, including pump tanks, and excavations must be submitted.
 - All applications must include a certified copy of the most recent plat for this parcel.

SOIL BORING / BACKHOE PIT NUMBER: _____

DEPTH (FT)	SOIL CLASS	GRAVEL ANALYSIS	RESTRICTIVE HORIZON	GROUNDWATER	TOPOGRAPHY	FLOOD HAZARD
0						
1						
2						
3						
4						



ON-SITE SEWAGE FACILITY (OSSF)
TECHNICAL INFORMATION

PERMIT ADDRESS _____									
PROFESSIONAL DESIGN REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROFESSIONAL DESIGN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
I. SEWER (<i>House Drain</i>)									
TYPE AND SIZE OF PIPE _____									
SLOPE OF SEWER PIPE TO TANK _____									
II. DAILY WASTEWATER USAGE RATE									
Q = _____ GALLONS PER DAY									
WATER-SAVING DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO									
III. TREATMENT UNIT									
<input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> AEROBIC UNIT									
A.	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">TANK DIMENSIONS _____</td> <td style="width:50%;">LIQUID DEPTH <small>(BOTTOM OF TANK TO OUTLET)</small> _____</td> </tr> <tr> <td>SIZE REQUIRED _____</td> <td>SIZE PROPOSED _____</td> </tr> <tr> <td>MANUFACTURER _____</td> <td>MATERIAL/MODEL # _____</td> </tr> <tr> <td>PRE-TREATMENT TANK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> <td>IF YES, SIZE IN GALLONS _____</td> </tr> </table>	TANK DIMENSIONS _____	LIQUID DEPTH <small>(BOTTOM OF TANK TO OUTLET)</small> _____	SIZE REQUIRED _____	SIZE PROPOSED _____	MANUFACTURER _____	MATERIAL/MODEL # _____	PRE-TREATMENT TANK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF YES, SIZE IN GALLONS _____
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B.	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">OTHER <small>(ATTACH DESCRIPTION)</small> _____</td> <td style="width:50%;"></td> </tr> </table>	OTHER <small>(ATTACH DESCRIPTION)</small> _____							
OTHER <small>(ATTACH DESCRIPTION)</small> _____									
IV. DISPOSAL SYSTEM									
TYPE _____									
AREA REQUIRED _____	AREA PROPOSED _____								
DESIGNER'S SIGNATURE _____	LICENSE NO _____								
	DATE _____								

**STATE OF TEXAS
COUNTY OF DENTON**

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of DENTON County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91(12) will be installed on the property described as:

LEGAL DESCRIPTION _____

THE PROPERTY IS OWNED BY _____

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company and a signed maintenance contract must be submitted to the City of New Fairview within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the City of New Fairview.

WITNESS BY HAND(S) ON THIS _____ **DAY OF** _____, _____.

(DAY) (MONTH) (YEAR)

(OWNER SIGNATURE)

(OWNER SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ **DAY OF** _____, _____.

(DAY) (MONTH) (YEAR)

(SEAL)

NOTARY PUBLIC, STATE OF TEXAS

NOTARY'S PRINTED NAME

MY COMMISSION EXPIRES

**STATE OF TEXAS
COUNTY OF WISE**

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of WISE County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II.

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LEGAL DESCRIPTION _____

THE PROPERTY IS OWNED BY _____

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The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the City of New Fairview.

WITNESS BY HAND(S) ON THIS _____ **DAY OF** _____, _____.

(DAY) (MONTH) (YEAR)

(OWNER SIGNATURE)

(OWNER SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ **DAY OF** _____, _____.

(DAY) (MONTH) (YEAR)

(SEAL)

NOTARY PUBLIC, STATE OF TEXAS

NOTARY'S PRINTED NAME

MY COMMISSION EXPIRES