

Building Inspection Department
141 W. Main St.
P.O. Box 638
Royse City, TX 75189
972-524-4710
permits@roysecity.com



City of Royse City

Fee- \$200.00

REQUEST FOR PERMIT TO REPAIR EXISTING SYSTEM

Name: _____ AMT PD \$ _____

Phone number: _____

Mailing address: _____

System Address: _____

Scope of repair: _____

Previous permit (if known): _____

Installer: _____

Water supplier: _____

“THIS IS NOT A PERMIT”

ON-SITE WASTEWATER DISPOSAL APPLICATION

Date of Request _____

Name _____ Phone _____

Present mailing address _____

PROPERTY LOCATION

Nearest City _____ Subdivision Name _____

Street address or lot# _____

Lot size _____

Travel Directions

SITE EVALUATION OF SOIL

Type of Soil(as per Soil Conservation _____

Depth to impervious layer _____ Depth to groundwater _____

Site Evaluation as performed by licensed engineer _____

Name of person performing Site Evaluation _____

I have inspected and confirmed the soil type as stated and have performed the Site Evaluation on this property, according to the Texas Commission On Environmental Quality (TCEQ) specifications, and have accurately and truthfully reported the results.

Date _____ Signature _____

License# or seal _____

SYSTEM LOAD

of bedrooms _____ # of bathrooms _____ Square feet of living area _____

Washing Machine _____ Dishwasher _____ Garbage Disposal _____

Other considerations _____

Daily Design flow(GPD) _____ Water Company _____

CONTRACTOR INFORMATION

Installer Name and License# _____

Address _____

Phone _____

Anticipated Installation Date _____