| Date received: | Pct: | Site visit | set: C | Completion date:                               |
|----------------|------|------------|--------|--|
|                |      |            |        | HEADER INFORMATION FOR ADMINISTRATIVE USE ONLY |



**Development Office Signature** 

## HENDERSON COUNTY, TX DEVELOPMENT OFFICE 100 E. TYLER STREET, ROOM 302 ATHENS, TX 75751 PHONE: 903 677 7242

developmentoffice@henderson-county.com

DEVELOPMENT APPLICATION

| Data a carta Occasiona   |   | 1164  | D* Draw anti- ID-                                     |  |  |                       |  |     |                 |  |  |
|--|---|---|---|--|--|-----------------------|--|-----|-----------------|--|--|
| Property Owner:  Contact Number:  Contact Email:   |   |   | Site Acreage:<br>Project Name:                        |  |  |                       |  |     |                 |  |  |
|  |   |   |   |  |  | Electric Provider.    |  | wat | Water provider: |  |  |
|  |   |   |   |  |  | Project/Site Address: |  |     |                 |  |  |
|  |   |   |   |  |  |                       |  |     |                 |  |  |
| Commercial Purpose:  |   |   |   |  |  |                       |  |     |                 |  |  |
| Residential Purpose:   |   |   |   |  |  |                       |  |     |                 |  |  |
| PROJECT DESCRIPTION (Provide detailed summary and/or questions related to your project- ADD PAGES, IF NEEDED):   |   |   |   |  |  |                       |  |     |                 |  |  |
| PROJECT QUESTIONAIRE:  |   |   |   |  |  |                       |  |     |                 |  |  |
| Are you the owner of the property?   | Yes   | No  | Comments:   |  |  |                       |  |     |                 |  |  |
| Will you need 911 addressing?  | Yes   | No  | Comments:   |  |  |                       |  |     |                 |  |  |
| Septic – new or modified?  | Yes   | No  | Comments:   |  |  |                       |  |     |                 |  |  |
| Floodplain determination made?   | Yes   | No  | Comments:   |  |  |                       |  |     |                 |  |  |
| Fire Department Response Area:   |   |   |   |  |  |                       |  |     |                 |  |  |
| For Fi   | re Mashal permitting que  | estions, cont   | act 903-675-6157.                                     |  |  |                       |  |     |                 |  |  |
| Please fill out, sign, and turn in this form to the development office (through email or physically) with:  • A deed of ownership  • A survey that is stamped and signed by a licensed surveyor (if available) |   |   |   |  |  |                       |  |     |                 |  |  |
| Please submit questionnaire and supporting<br>Office will correspond by email. A developme<br>diligence, in determining all requirements the   | documentation via en<br>ent questionnaire is in<br>at may apply to any pl<br>nformation requested | nail to <u>deve</u><br>itended to g<br>lat, constru<br>I in this forn | n does not constitute approval or permit issuance. No |  |  |                       |  |     |                 |  |  |
| Owner Signature  |   |   | Date  |  |  |                       |  |     |                 |  |  |

Date

Location of Site Assessment