For	Office	Use	Only
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Map & Sub. #	
Tract #	

## SABINE RIVER AUTHORITY OF TEXAS TOLEDO BEND DIVISION PRIVATE LIMITED USE PERMIT APPLICATION

			!	Date		
1.	Name of Ap	plicant				
2.	Mailing Add	ress				
				City & State	Zip Code	
3.	Property Ad	dress		City & State	Zip Code	
4,	Phone No			<u> </u>	·	
5.	Subdivision_	Home	Cell PhoneSection	Office 1 Lot #		
	Lot Dimension	on	County	and/or deed description		
		bulvision, please	Turnish exact location (	and/or deed description		
6.	Email Addre	ss				
7.	APPLICANT A		GIVEN BY THIS OFFICE P	OF PLANS MUST BE SUI PRIOR TO ANY TYPE OF	BMITTED BY	
8.	for househo	ld or other on-pre	emises use?() yes()	eservoir via a pump or o no. If so, there is a \$50. f a 1 h.p. pump and a 1"	.00 per year	
9.	Is there a septic system on your property? ( ) yes ( ) no If so, is the system registered?					
	_	stration #		License #		
	Do you desire application forms for a License? ( ) yes ( ) no					
10.	Applicate agrees to pay all fees, rentals and charges as established by the Authority, and to abide by all rules, regulations, conditions and restrictions regarding the placement and use of above facility as well as all rules pertaining to general use of the Reservoir as published by the Authority under penalty of revocation for non-compliance therewith or of violation thereof.					
	Applicant		(Please Print)	Signature of App	licant	

DO NOT INCLUDE PERMIT FEE WITH APPLICATION: The anniversary date for permits is August 31st. You will be advised the correct amount at issuance of this permit. The annual fee is \$40.00 plus \$ .05 per running foot, measured on your property line adjacent to the Reservoir boundary. Return application to:

SABINE RIVER AUTHORITY OF TEXAS
Toledo Bend Division
450 Spur 135
Burkeville, TX 75932
409/565-2273
or email to <a href="mailtosphelps@sratx.org">sphelps@sratx.org</a>