



ONSITE WATER REUSE SYSTEM (OWRS) OPERATING PERMIT APPLICATION

New Permit Type:	<input type="checkbox"/> New Operating Permit		
OR			
Existing Permit	<input type="checkbox"/> Permit Modification		
Building Type:	<input type="checkbox"/> Commercial (Non-Residential)	<input type="checkbox"/> Multi-Family Residential	<input type="checkbox"/> Mixed-Use
Construction Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Major Alteration	
Site Plan Permit #:		Building Permit #:	
Property Address:			
Tax Parcel Number(s):			
District Scale System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LRT System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPLICATION SUBMITTALS REQUIRED VIA THE CITY'S [AB+C PORTAL](#):

- I am submitting the project Water Balance Calculator*: YES NO
- I am submitting the appropriate [Fee](#) for the application: YES NO
- I am submitting a project Engineering Report: YES NO
- I am submitting an Onsite Water Reuse Implementation Plan: YES NO N/A
(required for district-scale projects)

*Water Balance Calculator must be submitted via email to AW_ONSITEREUSE@austintexas.gov

Applicant (<input type="checkbox"/> Owner <input type="checkbox"/> Developer)	Name:
Firm:	
Address:	
Phone Number:	email:

Engineer:	Name:
Firm:	
Address:	
Phone Number:	email:

Name of Owner* (Type or Print)	Signature of Owner	Date
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* If the owner information on the County Appraisal District's website does not reflect the current owner, please provide the recorded deed(s) to prove current ownership. **The current property owner must sign this form.** An agent authorization form signed by the current property owner and notarized may also suffice.

Name of Developer or Authorized Agent (Type or Print) [If Different than Owner]	Signature of Developer or Authorized Agent	Date
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Name of Engineer (Type or Print)	Signature of Engineer	Date
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STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on this the _____ day of _____, _____, by

Printed Name of Signer (Owner)

Notary Public, State of _____