

**Department of Infrastructure
County Engineer's Office**
3151 S E Inner Loop, Ste B
Georgetown, TX 78626
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Williamson County Use Only

Permit # _____

Date: _____

Fees: _____ Initials: _____

Commercial Use Questionnaire

Include information about the type of waste and quantity of waste that will be disposed into the On-Site Sewage Facility (OSSF). (Residential strength waste, high strength waste from kitchens, any chemicals or wastewater by-product from manufacturing products, toilets only, etc...)

Will there be a normal 8 hour business day? () yes () no

If no, please describe shifts, days and hours of operation:

Describe the proposed use for the building. For restaurants, describe the type of food, category of restaurant (grill, fast-food, full service, bar, etc.) and provide a menu.

For non-restaurant kitchens, provide a FULL description, including size of the kitchen and how it will be used (for example, preparation of meals versus heating food that is brought-in, employee- only use, etc...) and the type of kitchen equipment.

For churches, provide a description of all activities, meetings, classes, daycare programs, potluck dinners, events, etc. that are held on regular basis. Provide the schedule for the activities. If a kitchen is present, complete the information on the space above.

Types of use. Check all that apply. Include number of employees/rooms/unit #s.

Boarding school (per room capacity)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Country Club member	<input type="checkbox"/> no	<input type="checkbox"/> yes,	# = _____
Are there showers?	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Are there restrooms	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Is there a kitchen?	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Factory/manufacturing	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Day Care (children)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Hospital beds	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Hotel beds	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Nursing home beds	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Laundries	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Lounges	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Movie theatre	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Church seats	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Office Employees (no food)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Office Employees (with food)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Park (persons with bathhouse)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Park (persons w/o bathhouse)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Schools (with food per student)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Schools (w/o food service)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Service station (vehicles)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Retail (public washroom)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Pool bathhouse (per person)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Travel Trailer/RV (per space)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Vet clinic (per animal)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Construction sites (workers)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Youth Camp (per camper)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Restaurant seats (full service)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____
Restaurant seats (fast food)	<input type="checkbox"/> no	<input type="checkbox"/> yes	# = _____

Signature: _____ **Date:** _____