



PERMIT NUMBER _____

BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

111 E. Locust, Bldg A-29, Suite 270; Angleton, TX 77515

(979)864-1600 (281)756-1600 (979)388-1600

Fax Number (979) 864-1904

APPLICATION FOR SANITATION INSPECTION

\$150.00 Fee Applies - INSPECTION VALID FOR 1 YEAR (No Food Permit Required)

Child Care Center (≥ 7 children)

Foster Group Home (7-12 children)

Day Care Center (> 12 children)

\$50.00 Fee Applies - INSPECTION VALID FOR 2 YEARS (No Food Permit Required)

Foster Family Home (≤6 children not related to caretaker)

Foster Home (≤ 6 children)

Name of Facility/Owner _____

Address _____

Contact Name _____

Phone Number _____

Licensed for _____ (total # of children) by State of Texas (TXDFPS)

sq. footage of home _____ # of bedrooms _____

Water Supply: Private Public _____
(recent water sample report must be submitted for private wells)

Sewage Disposal: Private Public _____

Do you have pets? No Yes, How many? _____
(If Yes, current vaccination records of all pets must be available at inspection for review)

Do you have a swimming pool? No Yes
(If Yes, a pool maintenance/ chlorination log must be available at inspection for review)

Name of Agency _____

Agency Contact _____

Agency Address _____

Agency Phone # _____

Send Report to (address or fax #) _____

***This form must be completely filled out and **notarized** to be accepted. Please type or print all information. A check, cash, or money order must accompany this application. A current Texas Driver's License must be provided for a copy to be kept on file. **THERE WILL BE NO REFUNDS ONCE THIS APPLICATION IS SUBMITTED.**

ACKNOWLEDGEMENT

State of Texas

County of Brazoria

NOTARY MUST BE PRESENT WHEN SIGNING THIS DOCUMENT

Signature of Applicant _____ **D.L #** _____

Date: _____

Before me, the undersigned authority, on this day personally appeared _____
_____, known to me to be the person(s) whose name(s) is/are signed to
the foregoing application and duly sworn by me, each states under oath that he/she has read the said
application and that all facts therein set forth are true and correct.

Sworn to before me, this the _____ day of _____ 20_____

SEAL

NOTARY

FOR OFFICE USE ONLY

Approved **Disapproved**

Inspector _____

Date _____

Permit Fee _____