



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING
APPLICATION FOR CONSTRUCTION PERMIT
TEXAS RENDERERS LICENSING ACT**

BUDGET: ZZ108

FUND: 101

Return the completed application and non-refundable fee to:

Texas Department of State Health Services
PO Box 149347, Mail Code 2003
Austin, Texas 78714-9347

TRLA# _____

You may visit our web-site at: www.dshs.state.tx.us

I, _____

Applicant Name

Title

Phone Number

Hereby make application to the Texas Department of State Health Services for a Construction Permit for:

Name and Physical Address of Business

CHECK ONE:

NEW CONSTRUCTION
Address of Construction: _____
Type of Construction: Rendering Establishment Related Station Transfer Station

Addition to existing facility
Current Operating License Number : _____

Check One	Cost of Construction	Fee
<input type="checkbox"/>	Less than \$10,000	No Permit Fee Required
<input type="checkbox"/>	\$10,000 to \$49,999	\$250.00
<input type="checkbox"/>	\$50,000 to \$99,999	\$500.00
<input type="checkbox"/>	\$100,000 to \$249,999	\$1,000.00
<input type="checkbox"/>	\$250,000 to \$499,999	\$1,500.00
<input type="checkbox"/>	\$500,000 and over	\$2,500.00

The construction for which this permit is issued will be completed by : Date: _____

Construction will be in compliance with Health and Safety Code Chapter 144 and 25 TAC §221.6 as indicated by the complete plans and specifications enclosed with this application.

Signature of Applicant

THE STATE OF TEXAS

County of _____

Before me, the undersigned authority, in and for said county and state on this date personally

appeared _____ who being by me duly sworn on oath
(APPLICANTS NAME)

stated that the statements in the foregoing instrument are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public _____

County of _____, Texas