

**JUNKYARDS AND AUTOMOTIVE WRECKING AND SALVAGE YARDS
LICENSE APPLICATION**

LICENSE TYPE

New Facility Existing Facility Expansion Renewal If Renewal, Provide License No. _____

APPLICANT INFORMATION (Please print or type)

Applicant Name _____

Applicant Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Fax _____ Cell _____

Property Owner Name _____ Phone _____

Property Owner's Mailing Address _____ City _____ State _____ Zip _____

LOCATION OF PROPERTY

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Subdivision _____ Section _____ Block _____ Lot _____ Reserve _____

Survey Name _____ Abstract Number _____ Acreage _____

Property Tax Account Number _____ - _____ - _____

Date Business Operation Began: Month _____ Date _____ Year _____ Currently in Operation: Yes No

APPLICANT MUST SUBMIT THE FOLLOWING:

1. **Copy of Assumed Name Certificate or DBA (New Facility or Existing Facility)**
2. **Approved (HCPID-A&E) Commercial Site Drawings (New Facility) or Site Drawing (Existing Facility)**
3. **Legal Description of the boundaries of the Site, either by a metes and bounds description accompanied by a survey or by identification of lot and block in a recorded subdivision.**
4. **Copy of TCEQ Storm Water Permit (New Facility or Existing Facility)**

The Applicant understands and agrees that the County and/or its representative may make scheduled or unscheduled inspections of the property upon the issuance of the License. The Applicant acknowledges that the location of the junkyard or salvage yard must receive an inspection before a License can be issued.

The Applicant further acknowledge that the County Engineer does not make title examinations and that the determination that the junkyard or automotive wrecking and salvage yard does not violate any applicable deed restrictions or other covenants applicable to the above described site is the responsibility of the Applicant.

The individual signing this Application represents that he or she is fully authorized to make this application either as or on behalf of the Applicant named above.

APPLICANT

By: _____

Printed Name: _____

Receiving	Planchecking	Cashier	Date Application Received
Applicant No.	Planchecker	License #	
Request No.	Approved By		
Property No.	Date		
Clerk & Date	Viol No.	Receipt No.	