



CITY OF HOUSTON

Health and Human Services Department

Bill White

Mayor

Stephen L. Williams, M.ED.,
M.P.A., Director
8000 N. Stadium Drive
Houston, TX 77054-1823
www.houstonhealth.org

Interceptor Operating Renewal Application

The Code of Ordinances, Houston Code Section 47-423

Invoice Date: _____
Contact Person: _____
Business Name: _____
Billing Address: _____
City, State, Zip: _____

TCEQ #:
Business Name:
Business Address:
City, State, Zip:
Business Phone:

Our records indicate that the operating permit(s) for your interceptor(s) for the TCEQ # above will soon expire. Please submit the permit fees in the amount below within 15 days of the receipt of this renewal invoice with enclosed return envelope. **The payment must be made before or on the expired date; otherwise, a \$25.00 late fee will be imposed.**

Type of Permit	Expiration Date:	Type of business	Fee Schedule
Balance Due:			

Please make checks payable to the City of Houston Health Department and include the TCEQ number(s) on the check to ensure proper credit. Payment may also be made in person with the invoice(s) at:

City of Houston Health and Human Services Department
7411 Park Place Blvd. #102
Houston, Texas 77087

- Failure to pay required fees before the permit expires, is a violation of Chapter 47, Sec. 47-415, and punishable upon first conviction by fine of not less than \$250 nor more than \$2000 per day. Each day that any violation under this section continues constitutes a separate offense. Any offense under this article that also constitutes a violation of any state penal law shall be punishable as provided in the applicable state law.
- Upon receipt of the payment, the permit will be mailed. The permit must be posted or placed in public view. A fee of \$25.00 will be imposed for reissuing a lost permit as provided in section 47-423 of this code.
- Interceptor Permit is valid for one (1) year only and is not transferable between owners.
- If any of the above information has changed or incomplete, please provide the corrected information below or call Ms. Naomi Macias @ 713-640-4276.



Detach and return this portion with your payment: Please submit a separate application for each interceptor on site

Type of Permit	Expiration Date:	Type of Business	Amount Due	Check No.	Check Date
			\$50.00		

TCEQ No: _____
Contact Person: _____
Phone#: _____
Business Name: _____
Business Address: _____

Ownership/Company Information Change

Comment: _____