

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT
(for non-Board of Health Cases)
Instructions and Application Forms

USE THIS PACKET TO APPLY FOR MOST INDIVIDUAL SEWAGE DISPOSAL SYSTEM NEW, REPAIR / REPLACEMENT PERMITS THAT DO NOT REQUIRE A HEARING BEFORE THE BOARD OF HEALTH, INCLUDING RENEWALS OF EXISTING PERMITS.

Use the **REVIEW CASE** packet (FORM 110) if your property must be heard by the Board of Health because: it will serve a nonresidential, commercial or multi-family structure; will be installed on a slope over 40%; or it will be installed in the Indian Hills, Parmalee Gulch area.

Use the **COMPONENT / TANK REPLACEMENT** packet (FORM 130) if you are proposing to install either a septic tank, vault, or a single component such as an absorption system only.

Use the **VARIANCE CASE** packet (FORM 200) for new or expanded systems on sites that do not meet the minimum lot size, generally 1 acre for properties subdivided before 1972. The Board of Health considers these applications at a public hearing.

NOTE: Applicants must verify that there is a **LEGAL ADDRESS** for their property through the Jefferson County Planning and Zoning Department (303 271-8700) before applying for your permit. Applications cannot be accepted unless a property has a legal address.

TO APPLY FOR YOUR PERMIT:

1. **COMPLETE PGS 1 - 3** of this application packet,
2. **ATTACH TWO COPIES OF YOUR ENGINEERING REPORT**, (8 1/2" x 11", please) including soil tests, engineered design, a geological report (if necessary) and site plan.
3. **INCLUDE APPROPRIATE FEE** (see Page 1). Checks should be payable to the "Jefferson County Treasurer"

PARCEL LEGALITY VERIFICATION

After applying for your individual sewage disposal system permit you must take certain documents to the Planning and Zoning Department so they may verify the legality of your parcel (see page 4 of this packet for further information).

PROCESSING TIME

Allow approximately ten (10) working days to process your application and issue the permit. AFTER Planning and Zoning has verified the legality of your parcel. Lack of documents, required engineering changes, failure to complete parcel legality procedure and other deficiencies may significantly increase processing time.

STAFF CONTACTS:

LINDA JONES (303 271-5756)
ljones@jeffco.us

CRAIG SANDERS (303 271-5759)
csanders@jeffco.us

STATE FEE PAID ON DATE _____

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

Property Address	City			ZIP
Legal Description*	Lot(s)	Block	Unit/Filing	Subdivision Name
(*For metes and bounds descriptions, please attach separate page with complete legal)				

- o **WORK PROPOSED AND FEES** (check only one)
- o NEW CONSTRUCTION or re-issuance of EXPIRED permit: **\$880.00**
- o REPAIR or replacement of an existing system: **\$880.00**
- o ADDITION to an existing individual sewage disposal system: **\$880.00**
- o RENEWAL of a current, VALID permit* (# _____ OW) **\$250.00**

EFFECTIVE 7/1/2007, a new state ISDS fee of \$20.00 was assessed. You must submit a separate check payable to "CDPHE-WQCD" for this amount. CASH cannot be accepted for this fee.

APPLICANT

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email _____

ENGINEERING FIRM

LOT SIZE _____ acres **BEDROOMS** # _____ or 'NONE'

STRUCTURAL TYPE

- | | |
|---|---|
| () *Barn / Stable (commercial) | () *Office with _____ workers |
| () Barn / stable – (personal use) | () *Recreational (public) |
| () *Dwelling – Bed & Breakfast | () *Recreational (commercial) |
| () *Dwelling – multifamily | () *Religious Institution |
| () *Dwelling – multiple structures | () *Restaurant with _____ seats |
| () Dwelling – single family | () *Retail Facility with _____ workers |
| () *Fire station | () *Studio / shop (commercial) |
| () *Garage (commercial) | () Studio / shop (personal) |
| () Garage (personal use) | |
| () *Other commercial use (specify) _____ | |
| () Other personal use (specify) _____ | |
| () *Other public use (specify) _____ | |

NOTE: an ASTERISK (*) means that Board of Health Review of the application is usually required. You should use FORM 110 for those circumstances.

MAP TO PROPERTY

INSTRUCTIONS: Please **DRAW** a driving map to the site for the field inspectors. DO NOT JUST WRITE DIRECTIONS!

If the property is in a security or gated area, please indicate the code below or provide other instructions for entry. Remember that you must have the address posted on the property prior to our site visit and the location of the proposed well and absorption / evaporation system must also be staked. Failure to do so may result in a significant delay in processing your application!

SECURITY GATE CODE
(if applicable)

NOTICE TO INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICANTS

After submitting this application, go to the Planning and Zoning Department at 100 Jefferson County Parkway (Courts and Administration Building) in Golden so they may verify the legality of your parcel. Bring the following items with you:

1. This page and a copy of your receipt, and
2. Deed(s) of your property as follows:
 - a) *for platted lots (such as "Lot 27, Unit 5, Mustang Ranch Subdivision") bring the current deed for the property.*
 - b) *for metes and bounds parcels (such as "NW1/4 Section 5, T7S, R71W") or partial lots, bring the current deed for the property, the pre-1972 deed for the same property and a survey.*

Copies of deeds can be obtained through the Jefferson County Clerk and Recorder. There is a nominal fee for this service.

When Planning and Zoning determines that the parcel is legal they will provide us with an electronic approval. Please remember, **NO WORK WILL BE DONE TO PROCESS YOUR APPLICATION** until the parcel legality process has been completed, so don't delay this important step.

If the Planning and Zoning Department determines that the parcel is **NOT** legally subdivided, contact CRAIG SANDERS at the Department of Health and Environment (303 271-5759) for further information on how to proceed. Illegally subdivided parcels may require approval of the Board of Health prior to the issuance of an individual sewage disposal system permit.

RECEIPT FOR PAYMENT (Your receipt number is the same the AMANDA number, above)

Check Number _____ Amount Received \$ _____ Date _____ By: _____