

**SEPTIC TANK OR COMPONENT  
INSTALLATION PERMIT  
Instructions and Application Form**

**USE THIS PACKET TO APPLY FOR A PERMIT TO COMPLETE THE INSTALLATION OF A PARTIALLY-CONSTRUCTED SYSTEM OR TO INSTALL THE FOLLOWING SPECIFIC COMPONENTS OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM:**

- A SEPTIC or DOSING TANK, only
- ABSORPTION BED or TRENCH (but using existing tank)
- ANY OTHER SINGLE COMPONENT THAT REQUIRES A PERMIT AND INSPECTIONS

Do not use this form to apply for a permit to install or replace a complete individual sewage disposal system, including septic tank and absorption or evaporation system. Use **FORM 100** (standard application), **FORM 110** (Review Cases) or **FORM 200** (Variance Cases – primarily sub-minimum lot sizes).

**NOTE:** Please verify that there is a **LEGAL ADDRESS** for the 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 ENGINEERING REPORT AND SITE PLAN (soil tests not required for septic tanks or vaults)**
3. **SUBMIT CASH, CHECK or MONEY ORDER payable to “Jefferson County Treasurer”** for amounts shown on page 1. Note; There is also a separate state fee of \$20.00. Do NOT mail CASH.

**PROCESSING TIME**

Allow approximately ten (10) working days to process your application and issue the permit. Lack of documents, required engineering changes or other deficiencies may significantly increase processing time.

**STAFF CONTACTS:**

LINDA JONES                      303 271-5756  
[ljones@jeffco.us](mailto:ljones@jeffco.us)

CRAIG SANDERS                      303 271-5759  
[csanders@jeffco.us](mailto:csanders@jeffco.us)

**APPLICATION FOR SEPTIC TANK OR COMPONENT INSTALLATION PERMIT**

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

**FEES:**            **NEW PERMIT: \$400.00**                      **RENEWAL OF AN ACTIVE PERMIT: \$250.00**

**plus a separate check for the State ISDS fee in the amount of \$20.00 payable to “CDPHE – WQCD” (CASH cannot be accepted for this fee).**

**APPLICANT** NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ email \_\_\_\_\_

**ENGINEERING FIRM** \_\_\_\_\_

**LOT SIZE** \_\_\_\_\_ acres    **BEDROOMS** \_\_\_\_\_ or 'NONE'

**PREVIOUS PERMIT NUMBER (if applicable)**  
 If this permit will be issued to complete a system that was partially installed under a previous permit, please provide that former permit number: \_\_\_\_\_ **OW**

**STRUCTURAL TYPE**

<input type="checkbox"/> *Barn / Stable (commercial)	<input type="checkbox"/> *Office with
<input type="checkbox"/> Barn / stable – (personal use)	<input type="checkbox"/> *Recreational (public)
<input type="checkbox"/> *Dwelling – Bed & Breakfast	<input type="checkbox"/> *Recreational (commercial)
<input type="checkbox"/> *Dwelling – multifamily	<input type="checkbox"/> *Religious Institution
<input type="checkbox"/> *Dwelling – multiple structures	<input type="checkbox"/> *Restaurant with
<input type="checkbox"/> Dwelling – single family	<input type="checkbox"/> *Retail Facility with
<input type="checkbox"/> *Fire station	<input type="checkbox"/> *Studio / shop (commercial)
<input type="checkbox"/> *Garage (commercial)	<input type="checkbox"/> Studio / shop (personal)
<input type="checkbox"/> Garage (personal use)	
<input type="checkbox"/> *Other commercial use    (specify) _____	
<input type="checkbox"/> Other personal use    (specify) _____	
<input type="checkbox"/> *Other public use    (specify) _____	

NOTE: an ASTERISK (\*) means that Board of Health Review of the application is sometimes required – call for information.

**WATER SOURCE (check one)**

- Cistern
- Public (*name of supply*) \_\_\_\_\_
- Individual well (*attach copy, if available*)

**COMPONENT TO BE INSTALLED (check only one)**

- Septic tank       Dosing tank       Composting / incineration       Chambers
- Absorption bed       Seepage pit       Absorption trench       Drip-Irrigation
- Sealed Vault       Mechanical unit       ET System       Low pressure pipe
- Privy Vault       Other (specify) \_\_\_\_\_

**PARMALEE GULCH DRAINAGE**

Is this property located in the Parmalee Gulch (Indian Hills) drainage?       YES       NO  
*(If 'yes', your application may require review by the Board of Health – call for information)*

**FAILED USE PERMIT INSPECTIONS**

Was a problem with this individual sewage disposal system discovered during a Use Permit inspection or tank pumping?       YES       NO

**SANITATION DISTRICT**

Is this property in a sanitation district and within 400 ft. of a sewer line?       YES       NO  
*(If 'yes', you must attach a letter from the sanitation district stating that they have no objection to the installation of the proposed system components)*

**TERMS AND CONDITIONS OF APPLICATION**

In applying for this permit, I hereby authorize the health officer and / or their representative to enter onto this property to determine compliance with the Individual Sewage Disposal System Regulations pursuant to the issuance of a permit. I further acknowledge that the above information is true and correct to the best of my knowledge and that any false statement made on this application may be cause to revoke the permit issued for this property.

\_\_\_\_\_  
**OWNER / APPLICANT / AGENT**

\_\_\_\_\_  
**DATE**

WHEN ISSUED, PERMIT SHOULD BE (check ONE):

- Mailed to APPLICANT
- Mailed to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Hold for pickup (phone) \_\_\_\_\_

NOTE: The permit packet includes a cardboard inspection card that cannot be FAXed.

**MAP TO PROPERTY**

**INSTRUCTIONS:** Please **DRAW** a driving map to the site for the field inspectors, beginning at the last major intersection, or attach a map from Google®, MSN Maps® or similar a similar web-based site, making sure that it accurately reflects the property location. **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)*