

**JEFFERSON COUNTY PUBLIC HEALTH
Environmental Health Services Division**

1801 19th Street, Golden CO 80401
(303) 271-5700 FAX (303) 271-5760
<http://health.jeffco.us>

**CHANGE IN USE OF EXISTING INDIVIDUAL SEWAGE DISPOSAL
SYSTEM - Instructions and Application Forms**

USE THIS PACKET TO REQUEST A CHANGE FROM RESIDENTIAL TO NONRESIDENTIAL OR COMMERCIAL USE FOR EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEMS. DO NOT USE THIS PACKET IF ANY ADDITIONAL COMPONENTS SUCH AS TANKS AND ABSORPTION SYSTEMS MUST ALSO BE INSTALLED.

APPLICATION FORMS / FEES

Please check that you have the following **BEFORE** coming in to apply for your permit:

- You have verified that you have a **LEGAL ADDRESS** through the Jefferson County Planning and Zoning Department (303) 271-8700.
- PGS 1 - 3** of this application packet have been completely filled out.
- Call the Department at 303-271-5756 to determine if there are records of the existing system. If the Department has no records of the existing system, you must include an **INSPECTION REPORT** from a registered professional engineer that includes:
 - *a statement concerning the current operational status of the existing individual sewage disposal system, and*
 - *a statement concerning the suitability of the system for the proposed change in use.*
- FEE: \$125.00 payable to Jefferson County Treasurer**

PROCESSING TIME

Since all change in use requests require a Board of Health hearing you will be notified of the date and time for the hearing. Hearings are held on the third Tuesday of the month, and to be scheduled you must submit this application by the first working day of the month **PRIOR** to the hearing, e.g. **MAY 1** is the deadline for the **JUNE 17** hearing, etc.

The Department will make an inspection of the system prior to the hearing.

If your request is approved, the Department will issue you a letter approving your proposed change in use. Please note that additional approvals from the Planning and Zoning and Building Departments may also be required.

DEPARTMENT CONTACT: Craig Sanders (303) 271-5759.
csanders@jeffco.us

**REQUEST FOR CHANGE IN USE FOR AN EXISTING
 INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Property Address					
				City	Zip
Legal Description	Lot(s)	Block	Unit	Subdivision Name	
	(or) Quarter Section(s)		Section(s)	Township	Range

APPLICANT

NAME _____
 MAILING ADDRESS _____
 CITY STATE ZIP _____
 PHONE _____ email _____

SIZE OF PROPERTY: _____ acres

CURRENT STRUCTURE / USE: RESIDENTIAL DWELLING WITH _____ BEDROOMS

PROPOSED NEW USE OF THE CURRENT STRUCTURE:

- () Office w/ _____ workers
- () Bed & Breakfast w/ _____ rooms + _____ resident / manager rooms
- () Religious Institution w/ _____ seats + _____ day care children + _____ students
- () Restaurant w/ _____ seats or () take out only
- () Retail Facility w/ _____ employees
- () Other commercial use(*specify*) _____

ESTIMATE OF WATER USE IN THE PROPOSED FACILITY: _____ gallons per day. Based

on: _____

WATER SOURCE (check one)

- () Cistern _____
- () Individual well (*permit number*) _____
- () Public system (*name of supply*) _____

PARMALEE GULCH DRAINAGE

Is this property located in the Parmalee Gulch (Indian Hills) drainage? () YES () NO

CURRENT PROPERTY ZONING _____

TERMS AND CONDITIONS OF APPLICATION

In applying for this proposed change in use, I hereby authorize the health officer and / or their representatives to enter onto this property to determine compliance with the Individual Sewage Disposal System Regulations. 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 any approvals issued by the Board of Health for this property.

OWNER / APPLICANT / AGENT _____
DATE

WHEN APPROVED,

LETTER SHOULD BE () Mailed to (circle one) OWNER APPLICANT
 () Held for pickup (phone) _____
 * * * * *

Department Use Only

ORIGINAL PERMIT NUMBER _____ FILE NUMBER _____

INSTALLATION DATE _____ DESIGN GPD _____

1. Interior Sanitary Fixtures () Water Closet () Tub or shower
 () Lavatory () Kitchen sink
2. Are all fixtures in good working order? () YES () NO
3. Does the individual sewage disposal system appear to be in good working order? () YES () NO
4. Water source: () Cistern () Well () Public supply

 Environmental Health Specialist

 Date

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.

SECURITY GATE CODE
(if applicable)