FORM
700

JEFFERSON COUNTY PUBLIC HEALTH
Environmental Health Services Division
645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760
jeffco.us/public-health

FORM
700

USE PERMIT FOR EXISTING ONSITE WASTEWATER TREATMENT SYSTEM
Instructions and Application Forms

Use this packet to apply for a Use Permit for an existing system. Generally, a Use Permit is required for the sale of any property – residential or commercial – that is served by an individual sewage disposal system that was installed more than five years from the date of application. A Use Permit may also be required for certain Planning and Zoning case approvals as well as the remodeling or reconstruction of an existing dwelling.

All tanks must be pumped and each system on the property must be inspected.

Use **FORM 800** for sale of a limited occupancy dwelling that does not have a standard onsite wastewater treatment system (such as a privy or outhouse).

Use **FORM 704** to renew a current use permit for a property that has not yet closed.

Before applying for the use permit, a private use permit inspector must pump each septic tank and inspect every system – the County does not perform this work. A list of inspectors may be found at the website shown above.

TO APPLY FOR A USE PERMIT:

1. **SUBMIT** the following forms:
   - FORM 700 (this form) signed by the current owner.
   - FORM 701 (inspection report) for EACH system dated within 30 days of application date
   - FORM 702 (pumping report) for EACH tank dated within 12 months of application date
   - FORM 703 (for mechanical systems only) dated within 30 days of application date.

2. **FEE: $100.00 –** for credit card payments (Visa® and MasterCard® only) please complete the bottom of page 2; otherwise, attach a check payable to Jefferson County Treasurer. Do not send cash in the mail.

PROCESSING TIME
Allow 7-10 working days to process your application. If you are paying by credit card you may scan and email the completed packet to jonelj@jeffco.us or FAX it to 303-271-5760. Otherwise please mail or hand-deliver to the address shown at the top of this page.

DEPARTMENT CONTACTS **Linda Jones**
303 271-5756
jonelj@jeffco.us

REVISED: 6/1/2014

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Date Received

APPLICATION FOR USE PERMIT

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

If use permit is for **SALE OF PROPERTY, provide the following:**

Closing Date _____ Agent Email _____

Agent name and phone number:_____

If use permit is for a **PLANNING OR ZONING CASE,** provide the following:

Planning or Zoning Case Number _____

APPLICANT INFORMATION	
Name	
Mailing Address	City State Zip
Phone	Email

Structure Type

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

Owner Statement Regarding Operational Status of an Existing Onsite Wastewater Treatment System

By applying for this permit, the owner states that, to the best of their knowledge, all onsite wastewater treatment systems on the property described in this application have functioned properly for a period of at least one year prior to the date of this application (or date property became vacant), meaning that none of the following has occurred: surfacing of sewage from any portion of the system (or a buildup of ice during winter months); slow or sluggish drains; damage to any part of the system; or any other factor that would impact the suitability and operation of the system. I also certify that no repair or treatment of the onsite wastewater treatment system components has occurred in the last 12 months unless performed in conjunction with this application. The owner also grants the health officer access to the property to verify information contained in any document or report submitted with this application.

_____ _____

PROPERTY OWNER DATE

WHEN ISSUED, THE USE PERMIT WILL BE EMAILED TO THE APPLICANT UNLESS NOTED BELOW:

EMAIL TO: _____

FAX TO _____

CALL FOR PICKUP: _____

CREDIT CARD AUTHORIZATION

(for VISA® and MasterCard® only)

Dept Use

By signing below I authorize the charge for the payment of fees and service charges shown:		
Name on Card	**Cardholder Signature**	**Date signed**
USE PERMIT FEE →	**$101.75**	

16 – DIGIT CREDIT CARD NUMBER																		

Exp. Date (MM/YYYY)						