

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

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 900** when the onsite wastewater treatment system does not pass inspection and will be repaired after the closing occurs.

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:

- 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.
- 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: 5/13/2016

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

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

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

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,
- no repair or invasive treatment of the onsite wastewater treatment system components has occurred in the last 12 months unless performed in conjunction with this application, and
- there are no wastewater discharge lines that are not connected to the system.

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	
3 Digit Security Code (back of card)	Billing address ZIP code	CREDIT CARD fee	\$101.75

16-DIGIT CREDIT CARD NUMBER															

Exp. Date (MM/YYYY)				