

**USE PERMIT (limited occupancy)
Instructions and Application Forms****Instructions and Application Forms**

Use this application packet for requesting a Use Permit for the sale of a single family dwelling that does not have a complete water carriage sewage system (septic system) attached to interior fixtures consisting of kitchen sink, toilet, lavatory and tub or shower in the dwelling) and that is used less than 90 consecutive days per year or no more than 120 total days per year. Examples of such properties would be "summer cabins," hunting or fishing lodges or similar structures that are not occupied on a full-time basis.

A Use Permit for a Limited Occupancy Dwelling cannot be issued until a potential buyer has been identified and agrees to the conditions of occupancy set forth on pages 3-4.

If the property has an onsite wastewater treatment system with the above plumbing fixtures and is intended for full-time occupancy, you should use FORM 700: Application for Use Permit.

DIRECTIONS

- **VERIFY** that you have a correct property address with the County Zoning Department – Use Permits can only be issued for recognized property addresses.
- **CURRENT OWNER MUST COMPLETE** the 2-page application form. The current owner must sign the application – the purchasers do not sign the application.
- **PURCHASERS MUST COMPLETE** all appropriate sections of the LIMITED USE OCCUPANCY AGREEMENT on pages 3 and 4. The purchasers must sign this agreement on page 4 – the current owners do not sign the Agreement. A representative of the Department will sign the agreement once it is reviewed and approved. The Agreement shall be recorded with the Jefferson County Clerk and Recorder.
- **SUBMIT** all forms with the required fee to the Health Department. A permit will be issued within ten (10) working days. No site inspections are necessary.

FEE: For credit cards see page 2 or make check for **\$100.00** payable to Jefferson County Treasurer. Cash must be submitted in person.

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

APPLICATION FOR LIMITED OCCUPANCY USE PERMIT

NOTE: This application is to obtain a use permit for a real estate transaction **ONLY** where the structure or dwelling **does not** contain a complete water carriage sewage system, i.e. means a system for on-site, collection, treatment and subsurface disposal of sewage that includes all or a portion of the following plumbing fixtures: a kitchen sink, a bathroom sink, a shower or tub, and a flush water closet. Do not use this form to obtain a permit for installation of or repairs to an existing system.

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

Purpose: **SALE** (show closing date) _____

Agent and contact phone number: _____

APPLICANT INFORMATION	
Name	
Mailing Address	City State Zip
Phone	Email

Current Owner Name: _____

Structure Type: Single family dwelling

Past Occupancy

What has been the occupancy pattern of this dwelling or structure for the last five years (or for the period you have owned the house, if less than five years):

- occupied more than 90 consecutive or 120 total days per year
- occupied less than 90 consecutive or 120 total days per year
- dwelling or structure has been vacant

HEALTH DEPARTMENT LIMITATIONS ON OCCUPANCY OF DWELLING OR STRUCTURE

AGREEMENT made and entered into this _____ day of _____,
20____, by and between:

Purchaser 1 (print name)

Purchaser 2 (print name)

(the "Purchasers") and Jefferson County Public Health (the "Department").

RECITALS

Owner 1 (print name)

Owner 2 (print name)

is (are) the owner(s) of certain real property and improvements ("Property")
described as follows:

LEGAL

DESCRIPTION: _____

More commonly known and referred to as:

ADDRESS: _____

As a condition to selling the Property, the owners were required to obtain a use permit for the Property under the provisions of the Department's Onsite wastewater treatment system Regulation (the "Regulation").

The Property is not served by a complete water carriage sewage system, i.e. a system for on-site, collection, treatment and subsurface disposal of sewage that includes all or a portion of the following plumbing fixtures: a kitchen sink, a bathroom sink, a shower or tub, and a flush water closet.

Part II of the Regulation defines such properties as "Limited Occupancy" and prohibits the occupancy of such dwellings or structures except on a limited basis, i.e. no more than 90 consecutive days or a total occupancy of 120 days per year.

The Purchasers are desirous of proceeding with their purchase of the Property subject to the limitations on occupancy as set forth in the Regulations, and the Department is desirous of permitting them to do so subject to the following terms and conditions.

NOW, THEREFORE, for good and valuable consideration the mutual receipt and sufficiency of which is hereby mutually acknowledged by the parties, the parties agree as follows:

1. Purchasers agree to limit the occupancy of the Property to no more than 90 consecutive days or a total occupancy of 120 days per year until such time a water carriage sewage system which complies with the Department's Onsite wastewater treatment system Regulation is permitted, installed, inspected and approved by the Department.
2. However, the Department does not guarantee, warranty or represent that it will ever be possible to design and install such a water carriage sewage system for this property or that the property is or will ever be suitable for anything other than Limited Occupancy use.
3. Purchasers acknowledge that their failure to comply with these occupancy limitations will cause the Department to initiate enforcement actions against them including the issuance of injunctive relief precluding the use of the Property beyond these occupancy limitations.
4. The Department agrees to issue a Use Permit in accordance with Section 10 of the Regulations.

Dated the day and year first above written.

Purchasers: _____
Purchaser 1 (signature)

Purchaser 2 (signature)

For Jefferson County Public Health:

(print name)

(signature)

Date signed by Department