



**JACKSON COUNTY, COLORADO  
BOARD OF HEALTH**

PO Box 1019, Walden, CO 80480  
970-723-8580

**APPLICATION FOR  
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS  
CONTRACTOR'S LICENSE**

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

(New \$25/Renewal \$10)

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Basis for application (re: experince, equipment, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all requiremnts of the Individual Sewage Dispoasal Systems Regulations of Jackson County.

\_\_\_\_\_  
Signature