



**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