



**JACKSON COUNTY, COLORADO
BOARD OF HEALTH**

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

**APPLICATION FOR
INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Date: _____

Permit Number: _____

Fees

Type of Permit (Check One):	Installation	\$ 300.00	
	Alteration	\$ 150.00	
	Repair	\$ 150.00	
	Total Fee Amount		\$ -

Applicant/Owner: _____

Address & Phone: _____

Physical Address: _____

Legal Address: _____

Zoning District: _____

Size in Acreage: _____

Agent/Contractor: _____

Address & Phone: _____

System Contractor: _____

Address & Phone: _____

System Designer: _____

Address & Phone: _____

Use of Building:	Residence (type):	Business (specify):	Other:
	Single Family		

Source & Type of Water Supply:

Well	# of People Served:	
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Number of Bedrooms:

# of Bathrooms:	
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Miscellaneous Appliances:

Dishwasher:	Washer:	Other:
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Signature of Applicant

FINAL APPROVAL DATE: _____

SIGNATURE & TITLE: _____