



**JACKSON COUNTY, COLORADO  
BOARD OF HEALTH**

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

**APPLICATION FOR  
INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

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

Permit Number: \_\_\_\_\_

Type of Permit (Check One):

Fees

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:	
Number of Bedrooms:		# of Bathrooms:	
Miscellaneous Appliances:	Dishwasher:	Washer:	Other:

\_\_\_\_\_  
Signature of Applicant