



**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

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**FINAL APPROVAL DATE:** \_\_\_\_\_

**SIGNATURE & TITLE:** \_\_\_\_\_