



This application must include system plans designed and stamped by a licensed engineer in the State of Colorado, a site plan with all pertinent physical features on the subject property and adjacent properties, a site/soil Evaluation, the criteria used to develop design, and any additional information required by the County or State of Colorado.

Job site is located in: Unincorporated Ouray County City of Ouray Town of Ridgway

Job Site Address: _____ Parcel #*: _____

Legal Description: Qtr. Sections: _____ Section: _____ Town: _____ Range: _____

Subdivision Name: _____ Filing: _____ Lot Name/Number: _____

*Available at www.ouraycountyassessor.org

Owner(s) Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Systems Contractor's Name (general): _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Engineer's Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Excavator's Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Class of Work: New Alteration Repair Emergency use permit needed during repair*

**Emergency use permits may be issued to allow use of an existing system until such repairs can be made to remedy the problem. Emergency Use Permit may be issued for the same duration of time as a repair permit.*

System will be used for what type of building? Single-Family Dwelling Garage Agriculture
 Shop/Storage Mobile/Modular Commercial

Building Sq. Footage: _____ **# of bedrooms** _____ **# of Bathrooms** _____ **# of Other Rooms** _____

Distance from property lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Describe Project: _____

Please Read and Sign Below:

I hereby certify that I have read this application completely and that all information provided is correct to the best of my knowledge. All laws, regulations, and ordinances governing the scope of the project contemplated by this application will be complied with, whether or not specifically described within this application. (Including Ouray County OWTS Regulations adopted by the Ouray County Board of Health and Regulation No. 43/On-Site Wastewater Treatment System Regulation, adopted by the Colorado Department of Public Health and Environment - Water Quality Control Commission.)

I understand that providing false or misleading information may result in any permit(s) issued being revoked. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the scope of the project contemplated by this application.

I understand that this permit shall expire one year from issue date should construction not begin.

I understand that work is not to commence until this permit is approved and issued to me.

I understand that the County must inspect the installed system prior to backfilling or covering the system.

I understand that this application may be open for public inspection as required by the Colorado Open Records Law (C.R.S. 24-72-202, et seq.) and that my personal information contained on this application may be available to the public for review.

I understand that this permit is valid for one year from the date of issuance.

Signature of Owner or Agent: _____ **Date:** _____

Printed Name of Owner or Agent: _____

(If Agent, a completed Agent Authorization Form must be included with the permit submittal.)

FOR OFFICE USE ONLY – DETERMINATION:

Plans and specifications are in compliance to the OSWTS Act and regulations and are hereby approved for installation as described herein.

Plans and specifications are not in compliance to the OSWTS Act and regulations. Therefore, this application is denied for the following reasons: _____

Building Official: _____ Date: _____

FOR OFFICE USE ONLY – INSPECTIONS:

Tank Inspection - - - - Inspection Date: ____/____/____ Passed by: _____

Final Inspection - - - - Inspection Date: ____/____/____ Passed by: _____

Notes:

Building Official: _____ Date: _____