



# SEPTIC PERMIT APPLICATION

Type or print legibly using blue or black ink. Attach a floor plan of the building to be served and a diagram of the site layout showing at least two landmarks and field dimensions.

Job Site Address: \_\_\_\_\_ Parcel #\*: \_\_\_\_\_

Legal Description of Property: Qtr. Sections: \_\_\_\_\_ Section: \_\_\_\_\_

Town: \_\_\_\_\_ Range: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Filing: \_\_\_\_\_ Lot Name/Number: \_\_\_\_\_ \*Available at [www.ouraycountyassessor.org](http://www.ouraycountyassessor.org)

Owner(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_

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  Replacement Building Sq. Footage: \_\_\_\_\_

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

Number of: Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Other Rooms \_\_\_\_\_

Distance from property lines: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side 1: \_\_\_\_\_ Side 2: \_\_\_\_\_

Describe Project: \_\_\_\_\_

*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. 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 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.*

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.)

Plans and specifications are approved for installation as described herein:

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_