



DEPARTMENT OF COMMUNITY DEVELOPMENT | BUILDING DIVISION

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www.co.grand.co.us

PERMIT APPLICATION
FOR AN ONSITE WASTEWATER TREATMENT SYSTEM
SITE PLAN & ENGINEERED DESIGN MUST BE INCLUDED

REQUIRED WITH SUBMISSION OF APPLICATION:
•CONTRACTOR VERIFICATION FORM
OR
•ACKNOWLEDGEMENT OF CONTRACTOR INSURANCE

OWTS PERMIT# _____

NEW & FULL SYSTEM REPLACEMENT \$250.00 REPAIR \$170.00

FEE INCLUDES DESIGN REVIEW, PERMITTING, INSPECTIONS AND MAINTENANCE OF OWTS RECORDS **DATE ISSUED:** _____

PARCEL I.D. NUMBER: _____ SCHEDULE NUMBER: _____

LOT(S): _____ BLOCK: _____ FILING: _____ TRACT: _____ SUBDIVISION: _____

IF METES & BOUNDS LEGAL DESCRIPTION: SECTION: _____ TOWNSHIP: _____ RANGE: _____

PHYSICAL ADDRESS: _____ GRAND COUNTY ROAD: _____

DOES THIS PROPERTY HAVE A BUILDING ENVELOPE? _____ YES _____ NO
(If YES, please indicate location on the site plan. Some lots in Grand County may have a building envelope that limit the locations of physical improvements.)

SEPTIC REPAIRS: TANK REPLACEMENT _____ (SIZE _____) FIELD REPAIR _____ FULL SYSTEM REPLACEMENT _____

PROPERTY OWNER: _____

PHONE: (_____) _____

MAILING ADDRESS: _____

EMAIL: _____

APPLICANT (OWNER'S AGENT): _____

PHONE (_____) _____

MAILING ADDRESS: _____

EMAIL: _____

SYSTEM INSTALLER: _____

PHONE (_____) _____

MAILING ADDRESS: _____

EMAIL: _____

DESIGNING **ENGINEER:** _____

PHONE: (_____) _____

LOT SIZE: _____ ACRE(S)

STRUCTURE TYPE: COMMERCIAL _____ RESIDENTIAL _____

IN SEWER DISTRICT OR WITHIN 400 FT. OF SEWER? _____ YES _____ NO

WATER SUPPLY: PRIVATE (WELL) _____ OR PUBLIC _____

TOTAL NUMBER OF BEDROOMS PLANNED (INCLUDE ANY FUTURE BEDROOMS): _____

(In Grand County, lofts or a room or area that can be used as a sleeping room and contains a closet are considered bedrooms.)

APPROPRIATE FEES MUST BE PAID TO GRAND COUNTY COMMUNITY DEVELOPMENT PRIOR TO PERMIT ISSUANCE. THE PERMIT ISSUANCE IS BASED ON THE ABOVE INFORMATION, THE ILLUSTRATED SITE PLAN, THE ENGINEERED SEPTIC DESIGN AND ALL OTHER INFORMATION AS SUBMITTED AND APPROVED BY THE DEPARTMENT. THE ONSITE WASTEWATER TREATMENT SYSTEM PERMIT MUST BE ISSUED BEFORE OR CONCURRENTLY WITH A BUILDING PERMIT FOR A RESIDENTIAL DWELLING STRUCTURE. APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM IS HEREBY SUBMITTED. THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND THAT FALSE INFORMATION WILL INVALIDATE THE APPLICATION AND ANY SUBSEQUENT PERMIT. THIS APPLICATION IS VALID FOR ONE (1) YEAR.

SIGNATURE OF APPLICANT: _____

DATE: _____

DATE REC'D _____ APP # _____ BUILDING DIVISION APPROVAL FOR PERMIT: _____ DATE: _____