



APPLICATION FOR USE PERMIT

FORM
700

Gilpin County Community Development Department

203 Eureka St., (P.O. Box 661), Central City, CO 80427
PHONE: 303-582-5831 Fax: 303-582-5440

Use this packet to apply for a Use Permit for an existing individual sewage disposal system. A Use Permit is required for the sale of a year-round occupied single family dwelling or non-residential structure that is served by an individual sewage disposal system that was installed more than five (5) years prior to the proposed date of closing.

Use the **FORM 704** to renew a current use permit for a property that has not yet closed.

Before applying for the use permit, a private use permit inspector must pump the septic tank and inspect the system – the County does not perform this work. A list of inspectors may be found at:

<http://www.co.gilpin.co.us/Public%20Health/homedefault.htm>

When the pumping and inspection is completed, the Use Permit inspector will then provide you with completed copies of FORMS 701, 702 (and 703, if necessary) to be submitted along with this FORM 700.

TO APPLY FOR YOUR PERMIT:

1. **SUBMIT** the following forms:

- FORM 700, (this form) signed by the current owner.
- FORM 701, (inspection report) dated with 30 days of application date
- FORM 702, (pumping report) dated within eighteen (18) months of application date
- FORM 703 (for mechanical systems only) dated within 30 days of application date.

2. **ATTACH** check for **\$100.00** (do not send cash in mail) payable to Gilpin County Treasurer.

PROCESSING TIME

Please allow 7-10 working days to process your application.

AGENCY CONTACTS:

Shannon Cook
scook@co.gilpin.co.us

303 582-5831

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APPLICATION FOR USE PERMIT - FEE: \$100.00

Property Address		Property Account Number*	
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*The Property Account number may be obtained from the Gilpin County Assessor by calling (303) 582-5451 or online at <http://www.co.gilpin.co.us/Assessor/default.htm>.

Please provide the following to expedite your application:

Closing Date _____ Resolution Date _____

Agent name and phone number: _____

Applicant: NAME _____
MAILING ADDRESS _____
CITY STATE ZIP _____
PHONE _____ email _____

Current Owner: NAME _____

Structure Type (choose only one)

- | | |
|--|---|
| <input type="checkbox"/> Barn / Stable (commercial) | <input type="checkbox"/> Office |
| <input type="checkbox"/> Barn / stable – (personal use) | <input type="checkbox"/> Recreational (public) |
| <input type="checkbox"/> Dwelling – Bed & Breakfast | <input type="checkbox"/> Recreational (commercial) |
| <input type="checkbox"/> Dwelling – multifamily | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Dwelling – multiple structures | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Dwelling – single family | <input type="checkbox"/> Retail Facility |
| <input type="checkbox"/> Fire station | <input type="checkbox"/> Studio / shop (commercial) |
| <input type="checkbox"/> Garage (commercial) | <input type="checkbox"/> Studio / shop (personal) |
| <input type="checkbox"/> Garage (personal use) | |
| <input type="checkbox"/> Other commercial use | (specify) _____ |
| <input type="checkbox"/> Other personal use | (specify) _____ |
| <input type="checkbox"/> Other public use | (specify) _____ |

Owner or Agent's Statement Regarding Operational Status of an Existing Individual Sewage Disposal System

By applying for this permit, the owner states that, to the best of their knowledge, the individual sewage disposal system on the property described in this application has functioned properly for a period of at least one year prior to the date of this application (or date property became vacant), meaning that none of the following has occurred: surfacing of sewage from any portion of the system (or a buildup of ice during winter months); slow or sluggish drains; damage to any part of the system; or any other factor that would impact the suitability and operation of the system. The owner also grants the health officer access to the property to verify information contained in any document or report submitted with this application.

OWNER or AUTHORIZED AGENT

DATE

PLEASE ATTACH THE FOLLOWING:

- **FORM 701** (individual sewage disposal system inspection form) dated not more than thirty (30) days prior to the date of the use permit application (required for all systems).
- **FORM 702** (pumping and inspection report) dated not more than eighteen (18) months prior to the date of the use permit application (required for all systems).
- **FORM 703** (mechanical and aeration system report) dated not more than thirty (30) days prior to the date of the use permit application (for mechanical treatment systems only).

UNLESS OTHERWISE NOTED, THE COMPLETED USE PERMIT WILL BE SENT TO THE APPLICANT'S EMAIL. Please check only one.

- Alternate email address: _____
- Faxed to _____
- Mailed to _____

* * * * * *** For Department Use *** * * * * *

ISDS RECORDS Tank _____ Field _____ Bdrms. _____ Install date _____

TANK INSPECTION Date _____ by _____

SYSTEM INSPECTION Date _____ by _____

CONDITIONS NOTED: _____

REPAIRS MADE: (tank) YES NO (Other) YES NO