

To review Use Permit requirements please see the Clear Creek County On-site Wastewater Treatment System Regulations

OWNER NAME(S)	ON RECORD:	
MAILING ADDRES	S:	
PHONE:		EMAIL:
APPLICANT (leave	e blank if same as owner):	
MAILING ADDRES	S:	
		EMAIL:
	RTY INFORMATION	
	Single Family Residence Commercial Property	 Multi-Family Residence (apartments, townhomes, condominiums, etc.) Other:
Are you aware of any damage to the existing OWTS? O Yes O No If yes, please explain:		
	ny enforcement actions related to y en resolved? Yes No	our OWTS in the last 5 years? OYES ONO OUNKNOWN
	ed with any other buildings or prope ddress(s) that share the system (if I	erties? OYes ONo OUnknown
Water Supply: O Private Well O Deep Grouted Well O Shared Well O Public OOther:		
Is the house currently occupied? O Yes O No If no, how long has it been unoccupied:		
The following items	must be provided for the application	on to be complete
☐ Operating & maintenance contract		
☐ Pumping receipt and Inspection Report		
☐ Copy of the MLS Property Listing or Publication of Listing		
contacted by the de	epartment to inform them of why the	requirements for issuance of an approved Use Permit, the owner will be e Use Permit cannot be issued. If the Use Permit is not obtained prior to the ew owner will be required to obtain the Use Permit within 30 days of close.
I have read, unders Treatment System I understand that th	ormation I have provided is true and tand and will comply with the abov Regulations. e Use Permit must be issued prior	d correct to the best of my knowledge. re information and requirements of the Clear Creek County On-site Wastewater to the covered transaction. ot indicate any implied approval of any other permit, land use request or variance
	_	Date:
Drine	ad Nama:	