



# APPLICATION FOR USE PERMIT

FORM  
**700**

## Gilpin County Public Health Agency

15193 Hwy 119, Black Hawk, CO 80422

PHONE: 303-582-5803

Online Portal:

<https://gilpincountyco.viewpointcloud.com/categories/1095>

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 on the Gilpin County Public Health Septic and Well Information Page at <https://gilpincounty.colorado.gov/departments-offices/community-development/septic-and-well-information>.

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 twelve (12) months of application date
- FORM 703 (for mechanical systems only) dated within 30 days of application date.

### **PROCESSING TIME**

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

### **AGENCY CONTACTS:**

**Mack Yaun**

[myaun@gilpincounty.org](mailto:myaun@gilpincounty.org)

**720-617-7779**

**APPLICATION FOR USE PERMIT - FEE: \$110.00**

<b>Property Address</b>		<b>Property Account Number*</b>	
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\*The Property Account number may be obtained from the Gilpin County Assessor by calling (303) 582-5451 or online at <https://gilpin.infoenvoy.net/Search>.

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

# 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) Required for all systems.
- **FORM 702** (pumping and inspection report) dated not more than twelve (12) months prior to the date of the use permit application. Required for all systems.
- **FORM 703** (mechanical and aeration system report) 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