

**Onsite Wastewater Treatment System (OWTS)  
USE PERMIT APPLICATION  
\$100**



CLEAR CREEK COUNTY  
Public and Environmental Health

Please allow 5-7 business days for the review of this permit application and official response from the Clear Creek Environmental Health Department

**GENERAL SITE INFORMATION**

Physical Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

**CONTACT INFORMATION**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Transfer of Title Inspection Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROPERTY INFORMATION**

This property is:

- Residential     Commercial     Multi-Family

The type of On-site Wastewater Treatment System on the property is:

- Septic Tank and Soil Treatment Area     Advanced Treatment/Septic Tank/Soil Treatment Area     Vault or Vault Privy  
 Composting/Incinerating Toilet     Outhouse     Other: \_\_\_\_\_

Is there any damage to the existing system?

- No     Yes    If Yes, please explain: \_\_\_\_\_

Have there been any Environmental Health violations (Notice of Violations, Stop Work Notices, Cease & Desist Orders) associated with this system within the last 3 years?

- No     Yes    If Yes, please explain: \_\_\_\_\_

Is this On-site Wastewater Treatment System shared with any other properties?

- No     Yes    If Yes, with which addresses: \_\_\_\_\_

Is this a limited occupancy dwelling?

- No     Yes    If Yes, how many days of the year is this home in use: \_\_\_\_\_

If the system was built before 2014, was a "Bedroom Letter" ever recorded to the property?

- No     Yes    If Yes, how many bedrooms is the home limited to have: \_\_\_\_\_

What is the main water supply for this property?

- Private Well     Shared Well     Public Water     Cistern     Other: \_\_\_\_\_

**Bedroom Statement and Agreement**

*The Property Owner must initial next to each of the below statements, and sign at the bottom of this section in order for the application to be accepted.*

\_\_\_\_\_ I understand that the On-site Wastewater Treatment System for this property was approved, permitted and engineered to accommodate a maximum number of bedrooms. I understand that the number of bedrooms within a home dictates the engineered wastewater discharge volume for the system and that unapproved increases in the number of bedrooms can cause premature failure to the system.

\_\_\_\_\_ I understand that the issuance of this permit does not authorize any additional bedrooms, over the number of bedrooms allowed per the approved, engineered design of the On-site Wastewater Treatment System.

\_\_\_\_\_ I understand that if the number of bedrooms currently in the home exceeds the number allowed per the On-site Wastewater Treatment System design, that at the time a building permit that requires Environmental Health review is submitted, or modifications to the On-site Wastewater Treatment System occur, that the system will be required to be brought into compliance with the Clear Creek County On-site Wastewater Treatment System Regulations.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Property Owner

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**Please submit the following documents with this application:**

- Septic Records
- Operating & Maintenance Contract
- Pumping receipts (must be dated within 12 months of application date)
- Transfer of Title Inspection Report

By signing this application:

I certify that the information I have provided is true and correct to the best of my knowledge.

I have read, understand and will comply with the above information and attached documentation.

I understand that the Use Permit must be issued prior to the covered transaction.

I understand that the granting of a Use Permit does not indicate any implied approval of any other permit, land use request or variance application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*If it is determined by the health officer that an OWTS cannot meet the requirements for issuance of a use permit, a letter will be issued by the health officer to the new property owner that a use permit was not obtained, stating why the use permit was not obtained, when applicable, and the property owner is responsible for maintenance of the system.*