

**APPLICATION FOR A PERMIT TO INTALL, ALTER OR REPAIR AN INDIVIDUAL
SEWAGE DISPOSAL SYSTEM**

CHEYENNE COUNTY

STATE OF COLORADO

Number: _____

Fee: _____

Date: _____

Owner: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Site Address:

Legal Description:

County: Cheyenne Section: _____ T'ship: _____ Range: _____

Acres: _____ Subdivision: _____ Lot: _____ Block: _____

Parcel No.: _____

Installer: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Indicate All Applicable:

Residential: _____ Commercial: _____ Other: _____

Number of Persons: _____ Basement Plumbing: _____

Number of Bedrooms: _____ Bathrooms: Full: _____ 3/4: _____ 1/2: _____

Water Public (Y/N): _____ Utility Name: _____

Water Private (Y/N): _____ Cistern (Y/N): _____ Well (Y/N): _____

Well Permit No.: _____ Garbage Disposal (Y/N): _____

Applicant's Signature: _____

**ABSENSE OF PACEL & WELL PERMIT NUMBERS WILL RESULT IN THE
RETURN OF YOUR PERMIT APPLICATION**

(Completed by County)

Planning and Zoning Board's Comments and Recommendations:

Comments (if any):

Decision:

_____ Approval

_____ Denial

By: _____ Date: _____
Chairman of the Board