ON-SITE WASTEWATER TREATMENT SYSTEM

USE PERMIT APPLICATION

Application Date: _____

Required

- All items listed below must be completed and submitted at the same time.
- Use Permit Application.
- If the On-site Wastewater Treatment System (OWTS) needs to be repaired, then a Repair Permit fee may be applicable.
- Use Permit Inspection Report completed by a certified inspector.
  - Report completed by an uncertified inspector will not be accepted.
- If multiple OWTS serve the property, then a separate Use Permit Inspection Form for each OWTS must be completed.
- Indicate any repairs completed in this form.
- Copy of the most recent septic tank pumper's receipt (within 18 months) and license number.
- All OWTS forms available at broomfield.org/septic.

Address of Property for which Use Permit is requested

Street Address: _____ Unit: _____

Broomfield (City) CO (State) _____ (Zip)

Property Owner Name: _____

Phone: _____ Email: _____

Lot size: _____ acres

____ Parcel ____ ¼ Section ____ ¼ Section ____ Section ____ Township ____ Range

Applicant

☐ Same as property owner

Name: _____

Address: _____ Unit: _____

_____ (City) _____ (State) _____ (Zip)

Phone: _____ Email: _____

Property Information

Number of existing bedrooms: _____

Is more than one building connected to the OWTS? ☐ Yes ☐ No

Are there multiple OWTS serving the property? ☐ Yes ☐ No

Reason for Use Permit (check one):

☐ Sale ☐ Bedrooms added _____ ☐ Change in use

☐ Addition of mobile home ☐ Other: _____

Use Permit Inspector

Name: _____

Phone: _____ Email: _____

National Association of Wastewater Transporters Number: _____

or, indicate other approved certifying entity: _____

Public Health and Environment Division | Health Protection
6 Garden Center | Broomfield, CO | 80020
Office: 720.887.2220 | Fax: 720.887.2229

Office Use Only

Use Permit Number: _____

Was the OWTS originally permitted and approved by Broomfield Public Health and Environment (BPHE)? ☐ Yes ☐ No

Original certification approval date, if applicable: _____

Was the pump receipt received? ☐ Yes ☐ No

Name of Use Permit Inspector: _____ License: _____

Were deficiencies notes on the Inspection Report? ☐ Yes ☐ No

If yes, were deficiencies repaired and documented? ☐ Yes ☐ No

If yes, do repairs require a Repair Permit? ☐ Yes ☐ No

If yes, indicate type of Repair Permit: ☐ Major ☐ Minor

If yes, who is the contractor to complete repairs: _____

Does the OWTS meet setback requirements? ☐ Yes ☐ No ☐ Unknown

Was there a follow-up inspection by BPHE? ☐ Yes ☐ No

If follow-up, are additional repair(s) necessary? ☐ Yes ☐ No

Number of Bedrooms: _____

Comments: _____

_____

_____

_____

_____

Was a Use Permit issued? ☐ Yes ☐ No

Was a Conditional Use Permit issued? ☐ Yes ☐ No

Issued by Environmental Health Specialist: _____

Date of Issuance: _____