



**JACKSON COUNTY, COLORADO**  
**BOARD OF HEALTH**  
PO Box 1019, Walden, CO 80480  
970-723-8580

**APPLICATION FOR  
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS  
CONTRACTOR'S LICENSE**

Date: \_\_\_\_\_  
Fee: \_\_\_\_\_  
(New \$25/Renewal \$10)

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Basis for application (re: experience, equipment, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all requirements of the Individual Sewage Disposal Systems Regulations of Jackson County.

\_\_\_\_\_  
Signature