

Permit Number _____

Town of Moffat

P. O. Box 353 - Moffat, CO 81143

Permit Sewage Disposal System Application

Property Owner _____ Phone _____

Address _____

City

State

Zip Code

Installer _____ Phone _____

Address _____

City

State

Zip Code

Legal Description: Block _____ Lots _____

ATTACH A PLOT PLAN SHOWING DITCHES, LAKES, RIVERS, WELLS, BUILDINGS, & INSTALLED SEWAGE SYSTEM ETC.

Attach copy of well permit

Source and type of water supply _____

Dwelling Specifics:

Number of bedrooms _____ Number of people to be served _____

Does the proposed building have the following:

Bath _____ Kitchen _____ Garbage Disposal _____

Automatic Washer _____ Electric Dishwasher _____

I certify the information on this application is correct to the best of my knowledge.

Applicant

Date

Date received by Clerk _____

Date reviewed by Council _____

Approved _____ Denied _____ Reasons _____

Signature _____