



## APPLICATION TO RENEW A USE PERMIT

### Gilpin County Community Development Department

203 Eureka St., P.O. Box 661, Central City, CO 80427

PHONE: 303-582-5831 FAX: 303 582-5440

<http://www.co.gilpin.co.us/Public%20Health/homedefault.htm>

FORM  
**704**

### **USE THIS APPLICATION PACKET TO RENEW A PREVIOUSLY ISSUED USE PERMIT PRIOR TO ITS EXPIRATION DATE.**

Use Permits are valid for six months after the date of issuance. If the sale for the property has not closed within that time period, the Use Permit must be renewed. Use Permits may be renewed ONE TIME under the following conditions:

- The property is still owned by the same owner as shown on the original permit (there may be a new applicant, however), and
- The property has been vacant since the original permit was issued, or
- The original inspector states that there have been no changes in site conditions from the time of their original permit.

#### **TO RENEW A USE PERMIT:**

- COMPLETE** page 1 of this form
- SUBMIT** to the Agency for processing **PRIOR** to the date the use permit expires.

**FEE:** **\$25.00** (payable to Gilpin County Treasurer)

A Use Permit may be renewed only one time. If the renewed permit expires you must re-apply using FORM 700, including all the required inspections.

Allow approximately five (5) working days to renew the permit.

#### **AGENCY CONTACTS:**

**Shannon Cook**

**303 582-5831**

[scook@co.gilpin.co.us](mailto:scook@co.gilpin.co.us)

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**APPLICATION TO RENEW A USE PERMIT – FEE: \$25.00**

**CLOSING OR RESOLUTION DATE :** \_\_\_\_\_

Agent and contact phone number

**PROPERTY ADDRESS:** \_\_\_\_\_

**ORIGINAL USE PERMIT NUMBER:** \_\_\_\_\_

**Applicant:** NAME MAILING

ADDRESS CITY \_\_\_\_\_

STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

email

**Owner:** NAME \_\_\_\_\_

**RENEWAL CRITERIA (check only one)**

**PROPERTY VACANT**

The property has been vacant since the date of the original Use Permit and, to the best of my knowledge there have been no physical or operational changes in the status of the existing individual sewage disposal system since the original permit was approved.

**OWNER**

**DATE**

**RE-INSPECTION – no change in conditions**

A re-inspection of the property showed no changes from my original inspection.

**ORIGINAL USE PERMIT INSPECTOR NAME**

**DATE**

When complete, the renewed Use Permit should be (PICK ONE):

Mailed to applicant

Mailed to \_\_\_\_\_

Faxed to \_\_\_\_\_

Emailed to \_\_\_\_\_

Held for pickup (call)