

Date: _____

WELL PERMIT
Town of Pitkin, CO

PERMIT # _____

PERMIT FEE _____

NAME & PHONE # of owner and/or contact person: _____

Applicant's mailing and physical address: _____

Address of Proposed well: _____

Block, Lot # & Site Plan of proposed WELL: _____

Site plan may be drawn on back of this sheet or attached.

State Well Permit # and copy of State Permit (please attach): _____

Contractor and phone #: _____

Setbacks from OWTS on subject and adjacent properties: _____

Owner Signature: _____

Special Remarks: _____

_____ (may use back of permit if needed.)

Date Granted: _____

SIGNATURES:
Bldg. Inspector: _____

Date Denied: _____

Zoning Board Official: _____

Zoning Board Official: _____