Date:	WELL PERMIT	PERMIT #	
	_ Town of Pitkin, CO	PERMIT FEE	
NAME & PHONE # of owner and/or contact person:			
	sical address:		
	roposed WELL: from a professional engineer licens cation.		
State Well Permit # and copy	y of State Permit (please attach):		
Contractor and phone #:			
Setbacks from OWTS on sub	oject and adjacent properties:		
Owner Signature:			
Special Remarks:			
	(r	nay use back of permit if needed.)	
Date Granted:	SIGNATURES: Bldg. Inspector:_		
Date Denied:	Zoning Board Of	Zoning Board Official:	
	Zoning Board Of	Zoning Board Official:	