



Cheyenne - Laramie County Health Dept.
Division of Environmental Health
100 Central Ave
Cheyenne, Wy. 82007
Ph: (307) 633-4090 Fax: (307) 633-4038
Website: www.laramiecountyhealth.com

APPLICATION FOR COMMERCIAL WASTEWATER SYSTEM PERMIT

Application must include two copies of the application form, plus specifications, pertinent design information, and the inspection fee of \$200.00.

Name of facility: _____

Address of facility: _____ City: _____ Zip: _____

Owner, company, or corporation name: _____

Location of facility: Range _____ Township: _____ Section: _____

Lot: _____ Blk.: _____ Subd.: _____

New facility: _____ Modified facility: _____ Previous permit number(s): _____

Briefly describe facility(ies) proposed to be constructed: _____

Applicant/Owner of record:

Name: _____

Name of Business: _____

Address: _____

Phone: _____

Engineer:

Name: _____

WY. P.E.#: _____

Engr. Firm: _____

Address: _____

Phone: _____

I certify that the above described facility has been submitted in accordance with local, county, and state statutes, as required, and that said facility shall be constructed as authorized under the provisions specified in Wyoming Water Quality Rules and Regulations, Chapter III and Laramie County Small Wastewater Regulations.

Signature of Owner: _____ Date: _____