



———— Cheyenne ————

# Laramie County Public Health

Division of Environmental Health  
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 Website: [www.clcpublichealth.org](http://www.clcpublichealth.org)

## 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 **\$375.00**. Partial inspection fee is **\$65.00** per trip. Please include email address as all permits issued shall be emailed to all parties.

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 facilities' proposed to be constructed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Applicant/Owner of record:**

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Engineer:**

Name: \_\_\_\_\_

WY. P.E. #: \_\_\_\_\_

Engr. Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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:** \_\_\_\_\_