

**APPLICATION FOR ON-SITE WASTEWATER PERMIT APPLICATION FEE WAIVER**

SJBPH accepts applications for on-site wastewater fee waivers only from property owners who are ready to apply for an on-site wastewater construction, alteration, change of use, or repair permit. Before applying, confirm that you are eligible for a fee waiver using the following steps:

- Make sure you have your most recent federal tax return, W-2, or other income documentation for the most recent calendar year. SJBPH will not retain any copies of this documentation after your eligibility is confirmed but does need to confirm your eligibility by reviewing these documents.
- Visit <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/> and check your income documentation against the poverty level for your household size.
  - If your documented household income is less than the relevant poverty level, you may qualify for a full fee waiver.
  - If your documented household income is less than 150% of the relevant poverty level, you may qualify for a partial fee waiver.
- Make sure you have the address and parcel number of your property. Parcel numbers can be obtained from your property tax bill or County Assessor’s website.
- The information below should match the information on your permit application.

Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Household Size: \_\_\_\_\_ Most Recent Household Income: \_\_\_\_\_

Permit Application Year and Number (leave blank if not yet assigned): \_\_\_\_\_

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

Parcel Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**I acknowledge:** (1) SJBPH must review my income documentation to determine eligibility for a fee waiver, and issuance of a fee waiver is not guaranteed, (2) only the property owner may apply for a fee waiver for a particular permit application and property, (3) SJBPH reserves the right to revoke a fee waiver and assess standard fees if false or misleading information is provided with this application.

Property owner’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission instructions:** Email this completed form and a copy of your income documentation to [eh@sjbpublichealth.org](mailto:eh@sjbpublichealth.org) with the subject line “OWTS Permit Fee Waiver Application” or submit this form and a copy of your income documentation to the SJBPH front desk in either Durango or Pagosa Springs. You may submit this application at the same time as your permit application, or after you have applied for a permit and an application number has been assigned.