

# BOCC Variance from the Individual Sewage Disposal System Regulations Portable Chemical Toilet

Name of land owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

Property address (if known): \_\_\_\_\_

Schedule number of property: \_\_\_\_\_

I/we are asking for a variance to Section 7.1.C because \_\_\_\_\_

I/we want to use a **Portable Chemical** Toilet, and I/we agree to the following restrictions:

1. I acknowledge that I am responsible for complying with the Custer County Regulations and it is the responsibility of the land owner to apply for and obtain all necessary permits.
2. The information I have provided is complete and accurate to the best of my knowledge.
3. All contents of the toilet will be disposed of in an approved dump station.
4. The dwelling will be used for **occasional** use only.
5. If the property is sold, the variance will NOT be transferable.
6. Before the dwelling is occupied as a permanent residence, a County approved septic system will be installed.
7. I/we understand that failure to comply with ALL conditions may result in revocation of the variance.
8. I/we include a non-refundable \$30.00 application fee with this request.

### NOTE

***Occupancy of any structure without an approved septic system or a valid I. S. D. S. Variance is prohibited by State and County Regulations. Any waste control mechanism or septic system that is NOT a non evaporative septic system (i.e., vault, incinerating toilet, portable toilet, etc.) may violate your well permit.***

The property is currently served by (select correct response)

Electric power: Yes

No

A water source: Yes

No

I have read and understand the above.

Signed \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

If you have recently purchased a Chemical Toilet, attach a copy of the receipt.

Return to: Custer County Planning and Zoning Office  
P. O. Box 203  
Westcliffe, CO 81252

For official use only	
Date received	_____
Date of hearing	_____
Approved date	_____
Denied date	_____