

**PARK COUNTY
PLANNING DEPARTMENT
1002 SHERIDAN AVE.
CODY, WY 82414
307-527-8540 OR 307-754-8540**



**PARK COUNTY
PUBLIC WORKS
1131 11th ST
CODY, WY 82414
307-527-8520 OR 307-754-8520**

**ANYONE CONSTRUCTING, PLACING OR MODIFYING A STRUCTURE WITHIN THE
UNINCORPORATED AREAS OF PARK COUNTY, WYOMING**
OR
WORKING WITHIN A COUNTY RIGHT-OF-WAY
MUST OBTAIN THE FOLLOWING PERMITS:

SEPTIC SYSTEM PERMIT:

Issuing Authority: PARK COUNTY PLANNING & ZONING OFFICE
Fee: \$150.00 for a new septic system; \$75.00 for repairs/replacement
Description: Approved permit required prior to construction or modification of any septic system within Park County. Must be inspected prior to covering the system.

ZONING/BUILDING PERMIT:

Issuing authority: PARK COUNTY PLANNING & ZONING OFFICE
Fee: \$25.00
Description: Approved permit required prior to construction, placement or modification of any structure within Park County. (Additional permits/approvals may be required depending on your project.)

RIGHT-OF-WAY PERMIT:

Issuing authority: PARK COUNTY PUBLIC WORKS DEPARTMENT
Fee: None
Description: Approved permit required prior to working within any county right-of-way including, but not limited to, driveways, culverts, mailboxes, fences, utility lines, general construction; application to include a Traffic Control Plan. Depending on situation and complexity of work, applicants may be required to provide construction plans for approval.

REQUEST FOR ADDRESS PERMIT:

Issuing authority: PARK COUNTY PUBLIC WORKS DEPARTMENT
Fee: See list of Related Fees
Description: New address marker or replacement marker; new road name and road sign.
NOTE: New road name requirements may apply, including adherence to Park County Road Name Standards and Procedure.

ROAD NAME SIGN	\$150.00
NEW ADDRESS & ADDRESS MARKER	\$150.00
REPLACEMENT ADDRESS MARKER	\$50.00
CORRECTION OF SELF-ASSIGNED ADDRESS	\$250.00
FAILURE TO PROPERLY MARK DRIVEWAY	\$50.00 PLUS MILEAGE

- Expect a minimum of seven (7) working days for permit processing time
- A minimum 24 hour advanced notice must be given to the Planning Department for Septic inspections

**THE STATE FIRE MARSHALL'S OFFICE REQUIRES YOU CONTACT THEM AT
307-777-7288 FOR AN ELECTRICAL INSPECTION**



FEE \$25.00 RECEIPT# _____ PERMIT # _____

PARK COUNTY ZONING / BUILDING PERMIT APPLICATION

Planning & Zoning Department
1002 Sheridan Ave., Ste 109
Cody, WY 82414-3550

<p>A zoning / building permit is required to:</p> <ul style="list-style-type: none"> • Locate, erect or construct any building or structures; • Enlarge the outside dimensions of any building or structure; • Reconstruct any building or structure within the designated floodplain (other permits required); • Change the use of any building or structure; or • Change the use or occupancy rating of a building so as to increase the building's sewage design flow. 	<p>This requirement applies to all unincorporated areas.</p> <p>If construction authorized by a zoning permit has not been started within 1 (one) year, this permit shall be null and void. Construction must be completed within 3 (three) years.</p> <p>Please allow up to 14 days for application to be processed.</p>
--	---

Owner Information

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone #: _____ OR _____

Contractor

Construction Information

Describe the structure and intended use: _____ Sq.Ft. _____

Does the construction increase an existing building occupancy rating (such as net increase in number of bedrooms for existing home)? Yes No

SWW Permit

None required Expansion / repair required New required
 Existing adequate Permit #: _____ Date: _____ DLO: _____

Property Information

Property Identification # (14 digit Tax ID): _____
Property Address if other than mailing address: _____

Legal

Subdivision Name: _____ Lot #: _____

Description

OR

Section, Township, Range: Sec. _____ T _____ N. R _____ W. 1/41/4 _____
Lot or Tract: _____

PLEASE NOTE:

- **Complete site plan drawing on the back of this form.**
- **Lighting Standards shall apply (Appendix 21).**
- **Structure must be 20 feet from road right-of-way.**
- **IMPORTANT! Contact the _____ Irrigation District before you begin construction to check for easement and/or irrigation facility locations.**

Location of wastewater installation:

Address: _____
 (if address is unknown, enter nearest address)

Subdivision: _____ Lot #: _____

OR _____ Section: _____ Twnshp: _____ Range: _____

Tax ID # _____

Owners Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Installers Name: _____

Phone: _____ Cell Phone: _____

Mailing Address: _____

Sketch map with directions to property location, including nearest major roads.

Please use the attached document, which must accompany this permit application, to compute percolation rate, and enter the rate below.

Perc rate: _____ minutes per inch. Depth to groundwater: _____ ft.

Water source: _____
 (well, spring, municipal, cistern, other (specify))

Type of structure to be served: _____
 (single family res, business, shop, etc.)

ABSORPTION FIELD AREA

(Circle Sq Ft requirement)

N u m b e r o f B e d r o o m s

Perc Rate (mpi)	1	2	3	4	5	6
1-5	200	400	600	800	1000	1200
6-10	250	500	750	1000	1250	1500
11-20	333	667	1000	1333	1667	2000
21-30	429	857	1286	1714	2143	2571
31-60	500	1000	1500	2000	2500	3000

TANK INFORMATION

Septic tanks must have two compartments, baffles and two access hatches / cleanouts.

Residential Discharge = _____ # of bedrooms x 150 gpd = _____ GPD

Commercial Discharge = _____ # of employees x 30 gpd = _____ GPD

Non-residential uses, enhanced and systems producing > 750 gallons per day must be stamped by a State of Wyoming registered engineer.

Sewage Discharge (gallons per day)	Tank Capacity
0-600	1000
601- 750	1250
751- 900	1500
900- 1050	1750
1050 – 1200	2000

Tank manufacturer: _____

Capacity: _____ gallons Type: _____
 (concrete, polyethylene, fiberglass, other)

Minimum Separation Distances

Septic Tank

5 ft from buildings
 10 ft from property lines
 25 ft from water pipes
 50 ft from water (wells, floodplain, streams, irrigation, etc.)

Leach Field

4 ft above groundwater
 10 ft from septic tank
 10 ft from property lines
 10 ft from foundations
 25 ft from water pipes
 50 ft from water (streams, etc)
 100 ft from wells

Inspections are required. 24 hours notice shall be given to schedule an inspection. The inspector shall have a 2 hour grace period from the time of the scheduled inspection prior to the installer backfilling the system without inspection. If approval is given to backfill without an inspection, or the inspector fails to inspect, the installer shall submit as-constructed drawings and certify the system was installed in accordance with all regulations. If backfilled without approval or without allowing the inspector adequate grace period, the system shall be exposed at the installer's expense for inspection.

I certify the site characteristics, percolation rate and depth to groundwater have been established by approved methods and are accurate within reasonable tolerance. When a submitted system plan has been approved, I certify the system will be constructed as authorized under the provisions of the permit and all applicable rules and regulations.

 Property Owner

 Date

Verify easement locations and do not begin construction until plan is approved and you have been assigned a permit number.

FOR OFFICE USE ONLY
PERMIT TO CONSTRUCT

DATE RECEIVED _____ STAFF _____

 Designated Local Official Date Approved

Inspection Date: _____ Approval: _____

Comments: _____

How to Run a Percolation Test

1. Where the leach field will be located, dig a minimum of three holes spaced uniformly to the expected depth of the leach field trench(s). Keep the sides of the holes vertical.
2. Presoak the holes by filling them with water. Let the water seep away and then fill the holes again (soak at least 3 times). Let the holes stand for at least 12 hours before beginning the test.
3. After 12 hours, place a straight edge across the mouth of each hole, and fill the holes with water to a minimum depth of 12 inches from the straight edge. Record the actual time of measurements. Do this for all three holes. After your predetermined elapsed time (10,15,or20 min) re-measure each hole, record the actual time and drop in water depth. During the test do not let the water drop lower than 6 inches from the bottom. Refill the holes as needed. Be sure to indicate this with depth of water on your form.
4. When the drop of water level is consistent for three consecutive measurements (three measurements within 1/8 of an inch) for each hole the test is complete.
5. Calculate the percolation rate for each hole. See equation below the test holes.
6. The important percolation rate for the test is the slowest consistent value recorded.

Percolation Test Results

For (Property Owner's Name) Joe Q. Public

Hole # 1 Depth 33"

Hole # 2 Depth 34 1/4"

Hole # 3 Depth 29 3/4"

Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches		Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches		Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches
<i>Start</i>	9:15	16.125	10	3.125		<i>Start</i>	9:18	12.125	10	.5		<i>Start</i>	9:21	17	10	3.75
	9:25	19.25	10	3.0			9:28	12.625	10	.25			9:31	20.75	10	3.5
	9:35	22.25	10	2.875			9:38	12.875	10	.5			9:41	24.75	10	2
	9:45	25.125	10	2.5			9:48	13.375	10	.375			9:51	26.25	NA	NA
	9:55	27.625	NA	NA			9:58	13.750	10	.375		<i>Refill</i>	9:55	17.875	10	2.75
<i>Refill</i>	10:09	12.5	10	2.375			10:08	14.125	10	.375			10:05	21.625	10	2
	10:19	14.875	10	2.375		<i>End</i>	10:18	14.5	10				10:15	23.625	10	1.5
	10:29	17.25	10	2.375									10:25	25.125	10	1.5
<i>End</i>	10:39	19.625											10:35	26.625	10	1.5
												<i>End</i>	10:45	27.125		

Elapsed Time Divided by Drop in Inches = Percolation Rate

10 / 2.375 = 4.21 10 / .375 = 26.6

10 / 1.5 = 6.6

Percolation Holes Wetted (Date & Time) 5-20-2007 8:00 AM

Percolation Test Conducted (Date & Time) 5-21-2007 5:15 PM

Name of the person(s) Conducting Test John Q Public

Signature of person(s) Conducting Test John Q Public

Telephone # of person(s) Conducting Test 587-0095

Decimal Equivalents:

1/8 = 0.125"

1/4 = 0.25"

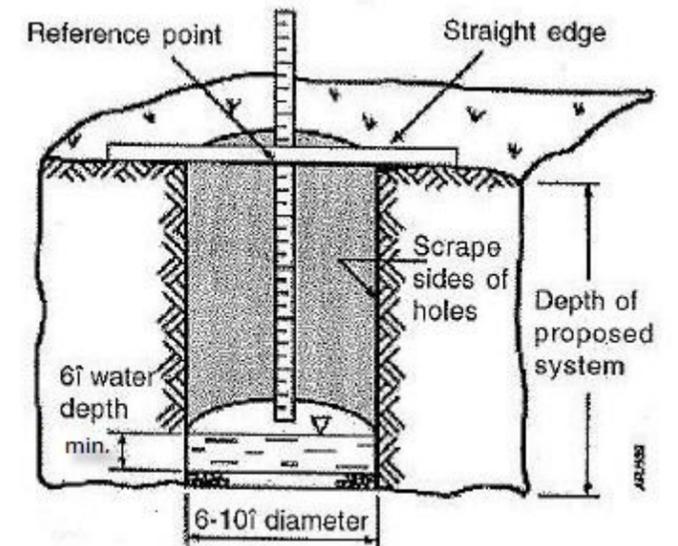
3/8 = 0.375"

1/2 = 0.50"

5/8 = 0.625

3/4 = 0.75"

7/8 = 0.875"



Percolation Test

1. Where the leach field will be located, dig a minimum of three holes spaced uniformly to the expected depth of the leach field trench(s). Keep the side of the holes vertical.
2. Presoak the holes by filling them with water. Let the water seep away and then fill the holes again (soak at least 3 times). Let the holes stand for at least 12 hours before beginning the test.
3. After 12 hours, place a straight edge across the mouth of each hole fill the holes with water to a minimum depth of 12 inches from the straight edge. Record the actual time of measurements. Do this for all three holes. After your predetermined elapsed time (10, 15, or 20 min) re-measure each hole, record the actual time and drop in water depth. During the test do not let the water drop lower than 6 inches from the bottom. Refill the holes as needed. Be sure to indicate this with depth of water on your form.
4. When the drop of water level is consistent for three consecutive measurements (three measurements within 1/8 of an inch) for each hole the test is complete.
5. Calculate the percolation rate for each hole. See equation below the test holes.
6. The important percolation rate for the test is the slowest consistent value recorded.

Percolation Test Results

For (Property Owner's Name) _____

Hole # 1 Depth _____

Hole # 2 Depth _____

Hole # 3 Depth _____

Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches		Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches		Start	Actual Time	Depth To Water	Elapsed Time	Drop in Inches

Elapsed Time Divided by Drop in Inches = Percolation Rate

_____ / _____ = _____ _____ / _____ = _____ _____ / _____ = _____

Percolation Holes Wetted (Date & Time) _____

Percolation Test Conducted (Date & Time) _____

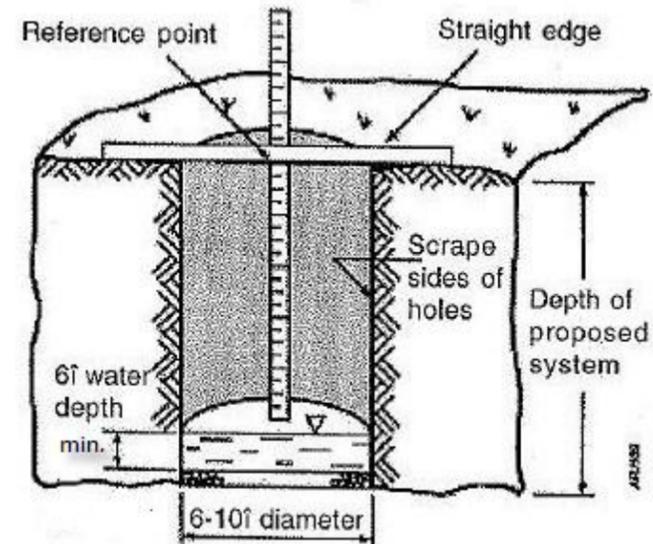
Name of the person(s) Conducting Test _____

Signature of person(s) Conducting Test _____

Telephone # of person(s) Conducting Test _____

Decimal Equivalents:

- 1/8 = 0.125"
- 1/4 = 0.25"
- 3/8 = 0.375"
- 1/2 = 0.50"
- 5/8 = 0.625"
- 3/4 = 0.75"
- 7/8 = 0.875"



REQUEST FOR ADDRESS ASSIGNMENT

Return to: Public Works Dept. 1131 Eleventh Street Cody, WY 82414 (307) 527-8520 or (307) 754-8520	RECEIPT #		
	ROAD NAME SIGN	\$	150.00
	NEW ADDRESS & ADDRESS MARKER	\$	150.00
	REPLACEMENT ADDRESS MARKER	\$	50.00
	CORRECTION OF SELF-ASSIGNED ADDRESS	\$	250.00
FAILURE TO PROPERLY MARK DRIVEWAY	\$	50.00 plus mileage	

DATE: _____

NAME OF PROPERTY OWNER(S): _____

LEGAL DESCRIPTION: _____

DIRECTIONS TO PROPERTY (if difficult to locate): _____

IS DRIVEWAY IN? Yes _____ No _____

IS DRIVEWAY FLAGGED? Yes _____ No _____

If no, date lath will be placed: _____

*Driveway **must be** flagged (use a lath printed with last name).*

REQUESTING PARTY: _____ PHONE: _____

MAILING ADDRESS: _____

DISCLAIMER: Address assignment by the Park County Public Works Department (Public Works) does not guarantee full or unrestrictive legal access to the property being addressed. Public Works also cannot guarantee emergency response to addressed property if road name signs and address markers are not properly installed, maintained and clearly visible; and/or if the road is not properly built and maintained.

Signature: _____ Date: _____

ALL applicable county permits must be approved before any address can be issued.

FOR OFFICE USE

ADDRESS ASSIGNED: _____ ZIP: _____

ZONING _____ SWW _____ ROW _____

COMMENTS: _____

NOTIFY REQUESTING PARTY: Yes No SENT TO SIGN TECH: _____

CONTACT INFO: _____ Date Notified: _____

FOR FIELD USE

DATE ROAD NAME SIGN PLACED: _____ Initial: _____

DATE ADDRESS MARKER PLACED: _____ Initial: _____