



**ELBERT COUNTY DEPARTMENT
OF PUBLIC HEALTH**
PO BOX 201 / 75 Ute Avenue
Kiowa, CO 80117
P (303) 621-3144 / F (303) 621-0122

<p>Dwayne Smith Director</p>

Use Permit Deficiency Repair Verification

Date (s) of Repairs: _____

Repair Contractor Information

Repair Contractor's Name: _____ Phone: _____

Repair Completed By: _____

Company (if applicable): _____ Email: _____

Owner and Property Information

Owner's name: _____ Phone: _____

Owner's Address: _____ City: _____ State: _____

Owner's Email: _____

****Address of Property for which Use Permit is requested (if different from above)**

Property address: _____ City: _____ State: _____

LIST ALL COMPLETED NON-PERMITTED REPAIRS

I hereby certify that the above indicted repairs have been completed.

Repair Contractor Signature

System Contractor License Number, if applicable

Date

****Repairs documented on this form only apply to repairs NOT requiring a permit from Elbert County Public Health****