

# FURNACE/WATER HEATER REPLACEMENT



**PERMIT#:** \_\_\_\_\_

**PERMIT FEE: \$150.00 flat fee**

ELBERT COUNTY BUILDING DEPARTMENT  
PO BOX 7 - 215 COMANCHE STREET  
KIOWA, CO 80117  
TELEPHONE: 303-621-3172 FAX: 303-621-3165  
INSPECTION REQUEST:  
[www.Elbertcounty-co.gov](http://www.Elbertcounty-co.gov) >>online services

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subdivision/Project Name: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contractor email address: \_\_\_\_\_

**Type/size and location of Unit:** \_\_\_\_\_

1. Separate State Plumbing permit is required for gas line.

**To obtain a state electrical permit call 303-894-7899 or go the State web site:  
[www.dora.state.co.us](http://www.dora.state.co.us)**

**I certify that I have read and understand the above:** \_\_\_\_\_  
SIGNATURE AND DATE

## OFFICE USE ONLY

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees: \$150.00 flat fee.**

Approved : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Building Department Signature and Date