



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

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| <b>Dwayne Smith</b><br><b>Director</b> |
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**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**

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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\*\***