



Use Permit Deficiency Repair Verification Form

NOTE: REPAIRS DOCUMENTED ON THIS FORM ONLY APPLY TO REPAIRS NOT REQUIRING A PERMIT FROM ADAMS COUNTY HEALTH DEPARTMENT

IF ELECTRICAL WORK IS NECESSARY, A PERMIT FROM THE AGENCY HAVING JURISDICTION (AHJ) MAY BE REQUIRED-THE REPAIR CONTRACTOR SHALL CONTACT THE AHJ TO VERIFY IF AN ELECTRICAL PERMIT IS REQUIRED.

Date(s) of Repairs: _____

Repair Contractor Information

Repair Contractor's Name: _____ Phone: _____

Repair Completed By: _____

Company (if applicable): _____ Email: _____

Owner and Property Information

Owners Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

City: _____ Colorado Zip: _____ County: _____

Please List All Completed Non-Permitted Repairs Below:

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

Repair Contractor Signature

System Contractor License Number
(If Applicable)

Date