



**ADAMS COUNTY**  
**HEALTH DEPARTMENT**

*Together for a Healthier Adams County*

**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**