



COLORADO
Department of Local Affairs
Division of Housing

JULY 2023

Building Department Representative Printed Name Toolcl Conn.

Building Department Representative Signature [Signature]

Title Building Official

Date 9-27-2023

☐

Accept

☐

Defer Inspection

Contact email: _____

If applicable:

Fire Safety Official Printed Name _____

Fire Safety Official Signature _____ Date _____

Contact email: _____

Is a fire protection system required? (check one) Required Not Required

If required, the inspection is to be performed by (check one):

____ Fire Department: (NAME) _____

OR

____ Colorado Division of Fire Prevention & Control

Manufacturer's Authorized Quality Assurance Representative

Printed Name Champion Homes

Manufacturer's Authorized Quality Assurance Representative

Signature Kevin Stephens Date 08/28/2023

Contact email: KStephens@ChampionHomes.com

If the inspection has been deferred and the manufacturer elects to utilize an Approved Third Party Agency to inspect the "OC" items on behalf of DOH, please sign and date below.

Approved Third Party Agent Printed Name _____

Approved Third Party Agent Signature _____ Date _____

Contact email: _____

