

Summit Certified Home Inspections Inc.

Licensed Bonded Insured
CCB License Number 136072
Inspection Certificate OCHI 387

680 Loma Linda Dr. Klamath Falls OR 97601
Phone: 541 273 4211
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COMPLETION FORM for repairs based on Summit Certified Home Inspections,

Inspection No. _____

Address: _____

Important note: Repair work is not considered complete until certified as completed by the LICENSED CONTRACTOR who completed the repairs.

Certification of Licensed Contractor(s)

I certify that the patent defects identified in the Inspection Report Summary of the Summit Certified Home Inspection Report referenced above have been thoroughly repaired in a workmanlike manner. I further certify that said work is free from defects in workmanship or materials, and is warranted as such for a period of one (1) year from the date on this form, or for such time as required by Oregon Administrative Rules, whichever is longer. I have notified Summit Certified Home Inspections of any other conditions which were found during the repair work which required further repair, and those conditions have also been repaired. Client may address complaints to the Construction Contractor's Board 503-378-4621.

STRUCTURAL REPAIRS

Structural Contractor _____ CCB License Number _____

Print Name _____ Date _____

Address _____ Phone _____

Description of work performed: _____

ELECTRICAL REPAIRS

Electrical Contractor _____ CCB License Number _____

Print Name _____ Date _____

Address _____ Phone _____

Description of work performed: _____

PLUMBING REPAIRS

Plumbing Contractor _____ CCB License Number _____

Print Name _____ Date _____

Address _____ Phone _____

Description of work performed: _____
