

Inspections On Time

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OWNER'S NAME

ELECT. PERMIT NO.

JOB SITE INFO & PERMIT

CITY OR VILLAGE

Owner's Contact #

ZIP CODE

BLDG PERMIT NO.

STREET AND NO. OR ROAD

BUILDING DEPT

COUNTY

☐ Rockland ☐ Orange

SECTION

BLOCK

LOT

Residential ☐

Commercial ☐

WHERE is the work that is to be inspected? (check all that apply)

☐ Outside ☐ Basement ☐ Inside ☐ Garage ☐ Other _____

WORK DESCRIPTION/INSPECTION TYPE (check all that apply)

☐ Reinspection ☐ Renovation ☐ Generator ☐ New home ☐ Other _____

REMARKS:

SIZE OF SERVICE

Job #

SERVICE ENTERS BUILDING:

POLE #

Overhead ☐

Underground ☐

FILL OUT THIS SECTION ONLY IF NEW SERVICE.

CONTRACTOR

DATE OF APPLICATION:

LICENSE #

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

CELL PHONE:

SIGNATURE OF
APPLICANT: X _____

The application is intended to cover the above listed items to be inspected. If at any time of inspection additional items have been installed, we are authorized to make the inspection and adjust the fee for the additional items inspected as provided by the applicant. The applicant declares that there are no open application for the above with any other inspection company. Inspections On Time is not listing, labeling, underwriting or certifying any equipment, **materials or devices which are performed by other certified testing agencies or inspection companies. The applicant, owner, or authorized agent agrees to all the above items and conditions as set forth by the application. Application only good one year after filing date.**

AVOID DELAYS BY GIVING FULL AND ACCURATE INFORMATION. ALL SPACES MUST BE FILLED IN OR APPLICATION MAY BE RETURNED.

DELUXE FOR BUSINESS 1-800-888-6327

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