Inspections On Time

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OWNER'S NAME					Fax# 845-262-0732 http://www.inspectionsontime.com					
							ELECT.	ELECT. PERMIT NO.		
JOB SITE INFO & PERMIT										
CITY OR VILLAGE Owner's Contact #					ZIP CODE		BLDG PERMIT NO.			
STREET AND NO. OR RO	AD						BUILDIN	G DEPT	COUNTY	
									☐ Rockland	☐ Orange
SECTION	BLOCK		LOT	•		Reside	ential 🗌	-	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 BU	ILDING:	
POLE #			FILL OUT 1	THIS SECT	TION ONLY IF	NEW SERVI	Overhe CE.	ad 🗌	Undergro	und 🗆
CONTRACTOR			 -	D/	ATE OF APPL	ICATION:	LICENSE	#		·
						:				
STREET ADDRESS:					CITY:		L	STATE:	ZIP CODE	:
	-									
								<u> </u>		
SIGNATURE OF		CELL	PHONE:							
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.