

# BETTER HOMES

## ELECTRICAL INSPECTION SERVICES INC.



5 Buckout Road  
West Harrison, NY 10604

Phone: 914-906-0443

Email: betterhomes252@gmail.com

APPLICATION		DATE:		ELECT. PERMIT NO.	
CITY/VILLAGE		ZIPCODE		BLDG PERMIT NO.	
ADDRESS:				BUILDING DEPT	COUNTY
PHONE #	SECTION	BLOCK	LOT	UTILITY	
EMAIL ADDRESS:				Residential <input type="checkbox"/> Commercial <input type="checkbox"/>	
OWNER'S NAME AND ADDRESS					
WORK LOCATION: _____					
<input type="checkbox"/> Outside <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Attic <input type="checkbox"/> Porch _____					
Floor: <input type="checkbox"/> 1st floor <input type="checkbox"/> 2nd floor <input type="checkbox"/> 3rd floor <input type="checkbox"/> 4th floor <input type="checkbox"/> Other floor _____					
<input type="checkbox"/> Reinspection <input type="checkbox"/> Renovation <input type="checkbox"/> Generator <input type="checkbox"/> New home <input type="checkbox"/> Other _____					
Comments:					
SERVICE AMPS <input type="text"/>		CASE NO. <input type="text"/>		SERVICE ENTERS BUILDING:	
CON EDISON				Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	
COMPANY NAME:		DATE OF APPLICATION:		LICENSE# WHEN APPLICABLE:	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
STREET ADDRESS:		CITY:		STATE:	ZIPCODE:
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
TELEPHONE:	CELL PHONE:		EMAIL:		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
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 applications for the above with any other inspection company. Application only good one year after filing date.