

Z3 Consultants Inc. General Form

-Please fill out this form clearly-

Effective 05/08/07

APPLICANT COMPLETES THIS SECTION		DATE –	TIME –
City, Town or Village –		County –	
Building Dept Contact -	Dept Fax # -	Permit # -	
Location/Address –			
(rural areas please use back of application for directions)			
Owner –			
Owner Address if different from above -			
Owner Phone Number –			
Applicant -		Applicants Signature -	
Applicant Address -		License # -	
Applicant Phone Number -			
Construction Type -	Number of Stories -	New <input type="checkbox"/>	Existing <input type="checkbox"/>
		Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>
TYPE OF WORK			
<input type="checkbox"/> accessory Building <input type="checkbox"/> addition <input type="checkbox"/> alterations <input type="checkbox"/> change of occupancy <input type="checkbox"/> deck <input type="checkbox"/> electrical <input type="checkbox"/> electrical survey <input type="checkbox"/> reconstruction <input type="checkbox"/> renovations <input type="checkbox"/> repair <input type="checkbox"/> other			
Description -			
Utility Company -		Service Request # -	
Service Size & Type -		O.H. <input type="checkbox"/> U.G. <input type="checkbox"/>	
Receptacles -	Paddle Fans -	Electric Baseboard -	
Switches -	Garbage Disposal -	Dryer -	
Lighting -	Water Heater -	Range -	
GFCI -	Burner -	Smoke Det -	
A/C Comp -	Air Handler -	Fractional Fan -	
Telephone -	Cable -	Door Bell -	
Other Equipment -			
OFFICIAL USE ONLY: Article # Z308-2003 (Transfer from Inspection Label)			
VIOLATIONS -			
FAILED TO COMPLY WITH THE UNIFORM CODE			
Service <input type="checkbox"/>	Rough Wire <input type="checkbox"/>	Final Wire <input type="checkbox"/>	Inspectors Initials -
SATISFACTORY AS COMPLETED			
Service <input type="checkbox"/> Inspectors Initials - _____		Rough Wire <input type="checkbox"/> Inspectors Initials - _____	
Final Wire <input type="checkbox"/> Inspectors Initials - _____		OK To C/C <input type="checkbox"/>	
FEE \$	- CASH <input type="checkbox"/>	CHECK <input type="checkbox"/> #	ACCT <input type="checkbox"/>