Label Number: EL S 57942

Contractor Name: PREMIER ELECTRIC
Phone: 541-758-4284
Fax: 541-758-4433
Address: PO BOX P
CORVALLIS OR 97339
License: 2-84C
CCB: 151749
Supv Lic:
Supv Reg:
Metro #:

Property Owner: JEFF GREENWOOD
Phone Number: (541) 758-3775
Job Address: 737 NW BEAVER PL
CORVALLIS 97330
Work Description: NEW HEAT PUMP

Installed By: PATRICK CAVYELL
Installer License: 671LR
Install Type: 1 & 2 Family
Issued Date: 8/4/2005
Install Date: 8/18/2005
Insp Rpt Sent: 1/10/2006
Insp Rpt Rcvd:

Comment: 1:25 Faxed 1-17-06

1st / 2nd / 3rd ☐ ☐ ☐ *Pass/Fail* ☐ ☐

TRI COUNTY SERVICE CENTER - MINOR LABEL TRACKING FORM AND INSPECTION REPORT

Phone: 503-872-6731 Fax: 503-872-6735

JURISDICTION: CORVALLIS, CITY OF **TCSC minor label #** EL S 57942 LE06-00004

Contact log - Three contacts must be attempted within five (5) working days of receipt.

Date	*Time*	*Initials*	*Results*
1-11-06	1:45	DCP	No one Home.
1-12-06	3:55	DCP	No one Home
1-13-06	10:56	DCP	No one Home

☒ *No Contact* ☐ *Owner Denied*
If the owner is unavailable or refuses the inspection, the jurisdiction must notify the Service Center within 10 working days.

☐ *Inspection Approved* *Date Approved:* _____
If the inspection is approved, the jurisdiction must send or fax a report to the Service Center within 5 working days.

☐ *Inspection Failed* *Date Contractor Notified of Failure:* _____
If the inspection fails, the jurisdiction must notify the contractor immediately. Contractors who wish to dispute the inspection results must notify the Service Center within 10 days of notification by the jurisdiction. Contractors who accept the failure determination must call the jurisdiction for a re-inspection and pay the jurisdiction's hourly re-inspection fee.