

Faxed 1-20-06 WELLOW-00005

Label Number: EL S 61294

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: KAREN SJOLUND

Phone Number: (541) 757-6617

Job Address: 6295 NW PONDEROSA AVE

CORVALLIS 97330

Work Description: LT IN CLOSET

Comment:

Installed By: BRIAN HOUCHIN

Installer License: 677LR

Install Type:

Issued Date: 9/6/2005

Install Date: 10/25/2005

Insp Rpt Sent: 1/17/2006

Insp Rpt Recd:

1st/2nd/3rd

Pass/Fail

1 & 2 Family

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 61294

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

Date	Time	Initials	Results
1-18-06	11:30	DP	Nobody Home
1-19-06	3:00	DP	unable to make contact
1-20-06	2:30	DP	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

If the inspection is approved, the jurisdiction must send or fax a report to the Service Center within 5 working days.

Date Approved:

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.