



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App. No.:

APPLICATION FOR BUILDING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY. Date: _____

Municipality _____ County _____ State _____

Lot _____ Block _____ Street Address _____ Zip _____

Owner: _____

Occupied As _____

Occupant: _____

Applicant's Signature: _____

T/A _____ License # _____

Applicant's Address _____

City _____ State _____ Zip Code _____

Phone # _____

Municipal Water
 Municipal Sewer
 Septic System
 Well Water
 Building: New Old
 Work: New Additional

Submit with two sets of plans

Call 24 Hours Prior to Inspection

List All Equipment Below:

New construction cubic volume	Temporary Building	Roof	Swimming Pools In Ground
Additions cubic volume	Fence	Demolition	Swimming Pools Above Ground
Renovations, Alterations and Repairs	Patio	Removal	Construct an Elevator
Fireplace	Shed	Other:	Inspect an Elevator
Woodburning Stove	Siding		Elevator Five Year Load Test

FOR AGENCY USE ONLY: Fee

A. New construction cubic volume		
Except buildings and structures in use groups A-1, A-2, A-3, A-4, F, S-1 and S-2		
B. Additions cubic volume		
C. Minimum Fee		
D. Renovations, Alterations, Repairs		
Per _____ of estimated cost		
of work		
E. Minimum Fee		
F. (1) Construct an Elevator		
(2) Inspect an Elevator		
(3) Plus for each five year load test		
G. For Demolition of use group R-3 and buildings of less than 5000 sq. ft. and less than 30 ft. in height All other use groups		
H. For Removal of one building shall be per \$1000 of estimated cost of moving, plus the estimated cost of foundation and work necessary to place the building in its completed condition		
I. Alternate and non-depletable energy		
J. Certificate of Occupancy		
K. Change of use Occupancy Certificate		
L. Other		

Inspector's Signature & License #	
Plan Review	
Footing	
Foundation	
Framing	
Final	
Other:	

Date	Check
Plan Review	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Footing	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Foundation	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Framing	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Final	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Other:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>

Progress Inc. Locked
 Violation Work Comp. Inc.
 Other Side

TOTAL FEE: _____
 Fee Paid Invoice # _____
 Charge Check # _____
 Notified - Municipality Date _____
 Contractor Date _____