

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

ELECTRICAL

APPLICANT COMPLETES THIS SECTION

Date: _____

City, Town or Township _____ County _____ State _____

Location/Address _____

(If Located in Rural Area - Please Attach Directions)

Pole # _____

Owner _____ Phone # _____

Permit # _____

Occupied As _____

Building: New Old

Occupant _____

Work Area in Building (Floor #, etc.): _____

App. for: Wiring Service or: _____

Ready for Inspection: _____

Fee Remitted - \$ _____

Cash

Check

M.O.

Make Payable To: M.D.I.A.

Number of Rough Wiring Outlets _____

Elect. Heat _____

500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000

Switches _____

Lighting _____

Receptacles _____

Number of Fixtures _____

Amp. Service _____

Surface Unit _____

Dishwasher _____

Range _____

Water Heater _____

Air Conditioner _____

Dryer _____

Pump _____

Oven _____

Garbage Disposal _____

Wiring and Controls for _____

Burner _____

Amp. Receptacles _____

Fractional H.P. Vent Fans _____

Other Equipment: _____

MOTORS H.P. Mark Number of Each Size

1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1 1/2 2 3 5 7 1/2 10 15 20 25 30 40 50 75 100

Applicant has read and agrees to terms and conditions on reverse side.

Applicant's Signature _____

License # _____

Permit # _____

T/A _____

Utility: _____

(NAME)

(OFFICE LOCATION)

Applicant's Address: _____

(City) _____ (State) _____ (Zip) _____ Service Request # _____

Phone # _____ Electrician: _____

MDIA USE ONLY

DATE RECEIVED: _____

DATE INSPECTED: _____

Correct Location: Same as Above or: _____

Red Notice Label

Rough Wiring Outlets _____

Surface Unit _____

Oven _____

Switches _____

Range _____

Garbage Disposal _____

Receptacles _____

Water Heater _____

Dishwasher _____

Fixtures _____

Air Conditioner _____

Dryer _____

Amp. Service Equipment _____

Burner, Wiring & Controls for _____

Amp. Receptacle _____

Amp. Service Conductors _____

Pump _____

Vent Fans _____

MOTOR H.P. Mark Number of Each Size

1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1 1/2 2 3 5 7 1/2 10 15 20 25 30 40 50 75 100

Elect. Heat _____

500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000

CERTIFICATIONS

USE FOR INITIAL VISIT ONLY

NOTIFIED

DATE

CORRECT FEE

FEE PAID

RW

CFT

L/A _____

L/A _____

IPA

Date: _____

Progress: Inc. LKD

Violation: Work Comp. Inc.

Other Side

Contractor

Owner

Municipal

Utility

Fee Due

CASH

CHK # _____

MO # _____

INV # _____

Applicant

Owner

Cut in Card Temp # _____ Date _____

Final # _____ Date _____

INSPECTORS SIGNATURE _____