

# SOUTHERN TIER ELECTRICAL INSPECTIONS

**DO NOT WRITE HERE - FOR OFFICE USE ONLY**

CERTIFICATE NO.

BUILDING PERMIT NO.

TEMP. #

DATE

CITY OR VILLAGE ZIP CODE TOWNSHIP COUNTY

STREET AND NO. OR ROAD POLE NUMBER

BETWEEN WHAT TWO CROSS STREETS IS PREMISES LOCATED? SECTION BLOCK LOT

OCCUPANT'S NAME BUILDING OCCUPANCY

OWNER'S NAME AND ADDRESS HOME TELEPHONE NUMBER

CURRENT SUPPLIED BY FROM THEIR OFFICE WORK TELEPHONE NUMBER

BUILDING IS NEW  OLD  WORK IS NEW  ADDITIONAL  DEFECTS REMOVED

**LIST BELOW ALL EQUIPMENT WHICH YOU INSTALLED**

Location	NUMBER OF OUTLETS				No. of Fixtures & Lamp Receptacles		MOTORS			HEATERS		BRANCH CIRCUITS		OFFICE USE ONLY INSPECTION
	Ceiling	Side Wall	Attach'l Recep'ls	Switch	Pendant	Bracket	No.	Type	H.P. Each	No.	Watts Each	No.	A.W.G. Gauge	
OUT-SIDE														
SUB-BASE														
BASE-MENT														
1st Floor														
2nd Floor														
3rd Floor														

REMARKS: LIST OTHER ELECTRICAL DEVICES NOT SET FORTH ABOVE.

THIS APPLICATION IS INTENDED TO COVER THE ABOVE-LISTED EQUIPMENT TO BE INSPECTED, BUT IF AT TIME OF INSPECTION, THERE IS FOUND ADDITIONAL EQUIPMENT NOT ABOVE LISTED, YOU ARE AUTHORIZED TO MAKE THE INSPECTION AND ADJUST THE FEE TO COVER THE ADDITIONAL EQUIPMENT, AS PROVIDED BY THE APPLICANT.

SIZE OF MAINS	FEEDERS	Applicant affirms that there is not an application for electrical inspection pending with a qualified electrical inspection authority, for the installation listed herein.  This application is valid for a period not exceeding one year from the date received by the Board.
CHARACTER OF WORK	<input type="checkbox"/> EXPOSED <input type="checkbox"/> CONCEALED	
DATE WORK TO BE STARTED	DATE COMPLETED	
SERVICE ENTERS BUILDING	<input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND	
DATE INSPECTION REQUESTED ON (OR AS NEAR AS POSSIBLE)		MUST ENTER APPLICANT'S IDENTIFICATION NUMBER →

AVOID DELAYS BY GIVING FULL AND ACCURATE INFORMATION. ALL SPACES MUST BE FILLED IN OR APPLICATION MAY BE RETURNED.

**PRINT NAME AND ADDRESS**

NAME OF APPLICANT	DATE OF APPLICATION	SIGNATURE OF APPLICANT X
STREET ADDRESS		TELEPHONE NO.
CITY OR POST OFFICE	ZIP CODE	LICENSE NO. WHEN APPLICABLE