

ELECTRICAL INSPECTORS, INC.

300 EAST MEADOW AVENUE
 EAST MEADOW, NEW YORK 11554
 (516) 794-0400 FAX (516) 794-5854
 600 JOHNSON AVENUE, Suite D2, BOHEMIA, NY 11716
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INSPECTION ORDER FORM

THIS IS NOT AN ELECTRICAL CERTIFICATE

- INSPECTION RESIDENTIAL H/O
 SURVEY COMMERCIAL # _____
 NEW WORK
 RENOVATION

APPLICANT: (MAIL TO)

OWNER/TENANT: (JOB LOCATION)

| | | | | | | | | | | | |
|-------------------------------------|--|--------------|-------------------|---------|--|-----------------------|--|--------------|--------|---------|--|
| NAME | | | ACCOUNT NAME | | | NAME | | | DBA | | |
| ADDRESS | | | LICENSE # | | | ADDRESS | | | | | |
| CITY | | STATE | | ZIP | | CITY | | STATE | | ZIP | |
| PHONE # | | CELL PHONE # | | OTHER # | | PHONE # | | CELL PHONE # | | OTHER # | |
| REQUESTED DATE FOR ROUGH INSPECTION | | | FAX # | | | NEAREST INTERSECTION | | | WORK # | | |
| REQUESTED DATE FOR FINAL INSPECTION | | | BUILDING PERMIT # | | | SECTION | | BLOCK | | LOT | |
| | | | | | | TOWNSHIP/VILLAGE/CITY | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | | | |

AREA TO BE INSPECTED

| ROOMS TO BE INSPECTED | BATH | BED | DECK | DINING | FAMILY | FOYER | HALL | KITCHEN | LAUNDRY | LIVING | MASTER BATH | MASTER BED | OFFICE | PANTRY | PORCH | STORAGE | SUN | WALK-IN CLOSET | OTHER | |
|-----------------------|------|-----|------|--------|--------|-------|------|---------|---------|--------|-------------|------------|--------|--------|-------|---------|-----|----------------|-------|--|
| BASEMENT | | | | | | | | | | | | | | | | | | | | |
| 1ST FLOOR | | | | | | | | | | | | | | | | | | | | |
| 2ND FLOOR | | | | | | | | | | | | | | | | | | | | |
| ___ FLOOR | | | | | | | | | | | | | | | | | | | | |

ATTACHED POOL ABOVE GROUND IN GROUND AUTHORIZATION TO INSTALL SOL PV
 DETACHED HOT TUB ABOVE GROUND IN GROUND HYDRO. BATH TUB # _____ RECONNECT FIRE RECONNECT

OTHER AREAS NOT LISTED ABOVE

| | | | | | | | | | | | | | | |
|-------------------------|------------------------------|--------------------------------------|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------------|------------------------------|----------------|------------------------------|------------------------------|------------|------------------------------|------------------------------|
| SERVICE | | <input type="checkbox"/> OVERHEAD | <input type="checkbox"/> LIPA OWNED | <input type="checkbox"/> 100A | <input type="checkbox"/> 200A | <input type="checkbox"/> 400A | <input type="checkbox"/> 800A | <input type="checkbox"/> 1 Ø | METER SERIAL # | | | | | |
| # METER | | <input type="checkbox"/> UNDERGROUND | S.E.COND. | <input type="checkbox"/> 150A | <input type="checkbox"/> 300A | <input type="checkbox"/> 600A | <input type="checkbox"/> _____ A | <input type="checkbox"/> 3 Ø | | | | | | |
| MAIN PANEL | <input type="checkbox"/> 1 Ø | <input type="checkbox"/> 3 Ø | SUB PANEL | <input type="checkbox"/> 1 Ø | <input type="checkbox"/> 3 Ø | SUB PANEL | <input type="checkbox"/> 1 Ø | <input type="checkbox"/> 3 Ø | DISCONNECT | <input type="checkbox"/> 1 Ø | <input type="checkbox"/> 3 Ø | DISCONNECT | <input type="checkbox"/> 1 Ø | <input type="checkbox"/> 3 Ø |
| TRANSFORMER | AFCI DEVICES | AFCI BREAKERS | COMBO SMOKE/CO | HW HEATER | RECES. FIXTURE | LOW VOLT FIXT. | FEET TRAC LIGHTS | REF. COMPRESSOR | A/C CONDENSOR | | | | | |
| DUPLEX REC. | SINGLE REC. | SMOKE DETECT. | SWITCHES | OVEN | FLUORESCENT | PADDLE FAN OUT. | SIGNS | REF. COMPRESSOR | A/C CONDENSOR | | | | | |
| GFI REC. | SINGLE REC. | CO ALARM | TIME CLOCKS | COOK TOP | INCAND. FIXTURE | EXIT LIGHT | SIGNS | EVAP. BLOWERS | A/C BLOWERS | | | | | |
| TWIST LOCK REC. | SHOW WIND. REC. | I.G. RECEPTACLES | TIME CLOCKS | RANGE | HID FIXTURE | EMERGENCY LIGHT | EXHAUST FANS | EVAP. BLOWERS | A/C BLOWERS | | | | | |
| RANGE REC. | APPLIANCE REC. | FLOOR REC. | DIMMERS | DISHWASHER | WALL SCONCE | EXIT/EMERGENCY | EXHAUST FANS | MOTORS | FRACT. MOTORS | | | | | |
| OTHER DEVICES/EQUIPMENT | | | | | | | | | | | | | | |

The applicant requesting this inspection (survey) attests that there are no open applications for the above, with any other authorized inspection agency. Also they understand and agree to pay all fees until the above passes the National Electrical Code and/or all local codes. The undersigned also affirms they have the authorization of the property owner to submit this application. Only the applicant will be given any information pertaining to the inspection. Local codes may require homeowner to take a test to perform any electrical work in their own home prior to inspection. It may also be necessary to obtain a building permit from your Town/Village/City Building Department before commencing with any electrical work and/or inspection of this work. Electrical Inspectors, Inc. is not listing, labeling, underwriting or certifying any equipment, materials or devices which are performed by other certified testing laboratories, inspection agencies, or other organizations concerned with product evaluation. The Applicant/Owner/Authorized Agent agrees to all Terms and Conditions set forth on the front and back of this application.

- DISCOVER MASTER CARD VISA AMEX CHECK # _____ BILL ACCOUNT

I AM THE CARD HOLDER OF A VALID CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SEC# _____ AND HEREBY AUTHORIZE ELECTRICAL INSPECTORS, INC. TO CHARGE SERVICES ON THIS ACCOUNT FOR PAYMENT. I AGREE TO THE TERMS AS DESCRIBED FOR THIS CARD.

PRINT NAME AS IT APPEARS ON CARD _____

APPLICANT PRINT NAME _____

SIGNATURE OF CARD HOLDER _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE MAKE ALL CHECKS PAYABLE TO "ELECTRICAL INSPECTORS, INC." RETURNED CHECKS WILL AUTOMATICALLY VOID ANY CERTIFICATE ISSUED. IN ADDITION TO SUBMISSION OF AN NOV TO THE MUNICIPALITY. YOU MAY BE RESPONSIBLE FOR TWICE THE FACE VALUE AS REQUIRED BY STATE LAW.