

ELECTRICAL INSPECTORS, INC.

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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			CITY			STATE		
PHONE #			CELL PHONE #			PHONE #			CELL PHONE #		
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	BUCK	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 AUTHORIZATION TO INSTALL
 DETACHED HOT TUB 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		DISCONNECT		<input type="checkbox"/> 1 Ø		<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		DISCONNECT		<input type="checkbox"/> 1 Ø		<input type="checkbox"/> 3 Ø	
TRANSFORMER	TRANSFORMER	TRANSFORMER	TRANSFORMER	HW HEATER	RECES. FIXTURE	LOW VOLT FIXT.	FERT TRAC LIGHTS	REF. COMPRESSOR	A/C CONDENSOR								
DUPLX REC.	SINGLE REC.	SMOKE DETECT.	SWITCHES	OVEN	FLUORESCENT	PADDLE FAN OUT.	SIGNS	REF. COMPRESSOR	A/C CONDENSOR								
GF REC.	SINGLE REC.	ARC-FAULT REC.	TIME CLOCKS	COOK TOP	INCAND. FIXTURE	EXIT LIGHT	SIGNS	EVAP. BLOWERS	A/C BLOWERS								
TWIST LOCK REC.	SHOW WIND REC.	LG. RECEPTACLES	TIME CLOCKS	RANGE	HD 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.

FORM OF PAYMENT: MASTER CARD VISA AMEX CHECK # _____ BILL ACCOUNT

I AM THE CARD HOLDER OF A VALID CREDIT CARD NUMBER _____ EXPIRATION DATE _____ 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.