

ELECTRICAL AND FIRE INSPECTION-ENFORCING AND CONSULTING SERVICE  
DESIRING CERTIFICATE OF APPROVAL, APPLICATION IS MADE FOR INSPECTION OF ELECTRICAL INSTALLATION IN THE PREMISES DESCRIBED BELOW. ON DEMAND APPLICANT AGREES TO PAY FOR INSPECTION SERVICE IN ACCORD WITH SCHEDULE OF CHARGES.  
ALLICATION VOID AFTER 365 DAYS

**C.C. ELECTRICAL PERMIT #** \_\_\_\_\_ **PERMIT** **BUILDING PERMIT #** \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY APPLICANT—**PLEASE PRINT** DATE: \_\_\_\_\_

JOB LOCATION/ ADDRESS \_\_\_\_\_

CITY/TOWN/TOWNSHIP \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DEVELOPMENT \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ OCCUPANT \_\_\_\_\_

POWER COMPANY (CIRCLE ONE) NE DELMARVA / CENTERVILLE DELMARVA / CHOPTANK  **CONSULTATION**

◆  **NEW**  **OLD STRUCTURE** ◆  **DWELLING**  **ADD TO DWELLING**  **MOBILE HOME**  **MODULAR HOME**  **POOL**

**HOT TUB**  **TEMP. SER.**  **SIGN**  **COMMERCIAL**  **INDUSTRIAL**  **SURVEY**  **GARAGE**  **OTHER** \_\_\_\_\_

**Elect. Lic. Holder** \_\_\_\_\_ **Company** \_\_\_\_\_ **CC Lic. #** \_\_\_\_\_

**Elec. Cont. Address** \_\_\_\_\_

**Elec. Cont Phone** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

**EQUIPMENT INSTALLED:** (Number of devices) KW/HP

LIGHT _____	SMOKE DET. _____	SECURITY _____	RANGE _____
SWITCH _____	TV _____	FIRE SYSTEM _____	DRYER _____
RECEPT _____	PHONE _____	STEEL BONDING _____	A/C _____
EX FAN _____	INTERCOM _____	HEATER (circle one) Size _____	WATER PUMP _____
CEILING FAN _____	DATA _____	GAS/OIL/ELECT _____	H2O HEATER _____
		__ SIGNS __ amps __ volts	SPA/WHIRLPOOL _____

**SERVICE, DISTRIBUTION EQUIPMENT AND FEEDERS**

**MAIN SERVICE** (AMPS/ VOLTS/ PHASE) \_\_\_\_\_

<u>Sub-panels and Feeders</u>			<u>Generator &amp; TX</u>		<u>Motors</u>		<u>A/C / Appliances/Heat</u>			
#	Amperage	Volt/Ø	Device	#	KV	Volt/Ø	#	W/KV	Amp	Device
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

OTHER EQUIPMENT (If more room is needed, continue on the back of this paper or attach the equipment list.)

**THIS SECTION IS FOR OFFICE USE ONLY**

INITIAL FEE \_\_\_\_\_ DATE \_\_\_\_\_  
 ADD FEE \_\_\_\_\_ DATE \_\_\_\_\_ REA. \_\_\_\_\_  
 ADD FEE \_\_\_\_\_ DATE \_\_\_\_\_ REA. \_\_\_\_\_  
 ADD FEE \_\_\_\_\_ DATE \_\_\_\_\_ REA. \_\_\_\_\_

INSP. TYPE    DATE    INSPECTOR    DATE    STICKER    INSPECTION

_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	DATE	AMT	CK#

WORK WITH CUT IN CARD # \_\_\_\_\_ DATE \_\_\_\_\_ CUT IN CARD # \_\_\_\_\_ DATE \_\_\_\_\_

DATE FINALED: \_\_\_\_\_ FINAL INSPECTOR: \_\_\_\_\_