FOR MDIA USE ONLY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

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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

Switches _____

Lighting _____

Receptacles _____

Number of Fixtures

Elect. Heat

	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000			

_____ 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: _____

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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

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				

	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

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