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Office Use Only

ADC Map Location		Job Site Contact Name & Phone #	
Location _____			
City _____		Zip Code _____	
Development _____		Lot # _____	
Owner/Occupant _____		911 Address _____	
Occupied As _____		Permit# _____	
Work: New _____		Additional _____	
Building: New _____		Old _____	

App. for - Rough Wiring Fixtures or _____ Ready for Inspection

Fee Remitted - \$ _____ By Check Money Order Make Payable To F.S.I.A.

List All Equipment And Wiring Below:	Elect. Heat	SPACE BELOW FOR AGENCY'S USE ONLY			
Number of Total Outlets	500 750 1000 1250	Date Received _____ Date Inspected _____			
Switches _____	1500 1750 2000 2250	R.W. Outlets			
Lighting _____		K.W. Range			
Receptacles _____	2500 2750 3000	K.W. Water Heater			
Number of Fixtures		H.P. Air Conditioner/Heat Pump			
		Burner, Wiring & Controls for			
		K.W. Electric Furnace			

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	-

K.W. Range	Amp. Service Equip.															
K.W. Water Heater	Amp. Service Cond.	500	750	1000	1250											
H.P. Air Conditioner/Heat Pump	H.P. Garbage Disp.	1500	1750	2000	2250											
Burner, Wiring & Controls for	K.W. Dishwasher	2500	2750	3000												
K.W. Electric Furnace	K.W. Dryer															
H.P. Pump	Amp. Recept.															
Fire Alarm Devices	Frac. H.P. Vent Fans															
Amp. Service Equipment	Mobile Home DS Test / Amp. Feeder															
Amp. Service Conductors	Amp. Construction Service															
H.P. Garbage Disposal	Survey															
K.W. Dishwasher																
K.W. Dryer																
Amp. Receptacle	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				
Frac. H.P. Vent Fans		1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	-
Mobile Home DS Test / Amp. Feeder																
Amp. Construction Service																
Survey																
Service Reconnect																
K.V.A. Solar																

Applicant's Signature _____ Company _____ Address _____ City _____ State _____ Zip Code _____ Phone No. _____ Elect. License #: _____ Exp. Date: _____ Name of Power Company: _____ Control # or Meter #: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> CERTIFICATIONS <input type="checkbox"/> Rough Wiring <input type="checkbox"/> Fixture Approval <input type="checkbox"/> Elec. Certificate <input type="checkbox"/> Letter of Approval Date Issued _____ </td> <td style="width:50%;"> PROGRESS STATUS <input type="checkbox"/> RW <input type="checkbox"/> Temp <input type="checkbox"/> Prog <input type="checkbox"/> LKD <input type="checkbox"/> Inc <input type="checkbox"/> Violation </td> </tr> <tr> <td colspan="2"> Comments: _____ _____ _____ </td> </tr> <tr> <td colspan="2" style="text-align: center;"> FEE PAID FEE _____ CHECK # _____ INV. # _____ </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Inspector's Signature _____ </td> </tr> </table>	CERTIFICATIONS <input type="checkbox"/> Rough Wiring <input type="checkbox"/> Fixture Approval <input type="checkbox"/> Elec. Certificate <input type="checkbox"/> Letter of Approval Date Issued _____	PROGRESS STATUS <input type="checkbox"/> RW <input type="checkbox"/> Temp <input type="checkbox"/> Prog <input type="checkbox"/> LKD <input type="checkbox"/> Inc <input type="checkbox"/> Violation	Comments: _____ _____ _____		FEE PAID FEE _____ CHECK # _____ INV. # _____		Inspector's Signature _____	
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Comments: _____ _____ _____									
FEE PAID FEE _____ CHECK # _____ INV. # _____									
Inspector's Signature _____									

First State Inspection Agency, Inc.

Inspection Report

DATE	INSPECTOR	JOB DESCRIPTION/COMMENTS

Power Company Reports

	Date Issued	Card#	Inspector
Temporary Cut-in-Card			
Temporary Cut-in-Card			
Final Cut-in-Card			