



Corporate Office:
 1001 Mattlind Way
 Milford, DE 19963
Telephone: 302-422-3859
Email: inspections@firststateinspection.com

Office	Use	Only
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ADC Map Location				Job Site Contact Name & Phone #	
Location _____					
City _____		Zip Code _____		County _____ State _____	
Development _____			Lot # _____		911 Address _____
Owner/Occupant _____				Permit# _____	
Occupied As _____			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			
	500	750	1000	1250
	1500	1750	2000	2250
	2500	2750	3000	
Number of Total Outlets _____				
Switches _____				
Lighting _____				
Receptacles _____				
Number of Fixtures _____				

SPACE BELOW FOR AGENCY'S USE ONLY															
Date Received _____						Date Inspected _____									
R.W. Outlets															
K.W. Range															
K.W. Water Heater															
H.P. Air Conditioner/Heat Pump															
Burner, Wiring & Controls for															
K.W. Electric Furnace															
H.P. Pump															
Outlets															
Receptacles															
Fixtures						Elect. Heat									
Amp. Service Equip.						500	750	1000	1250						
Amp. Service Cond.															
H.P. Garbage Disp.						1500	1750	2000	2250						
K.W. Dishwasher															
K.W. Dryer						2500	2750	3000							
Amp. Recept.															
Frac. H.P. Vent Fans															
Mobile Home DS Test /						Amp. Feeder									
Amp. Construction Service															
Survey															
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 K.W. Water Heater H.P. Air Conditioner/Heat Pump Burner, Wiring & Controls for K.W. Electric Furnace H.P. Pump Fire Alarm Devices Amp. Service Equipment Amp. Service Conductors H.P. Garbage Disposal K.W. Dishwasher K.W. Dryer Amp. Receptacle Frac. H.P. Vent Fans Mobile Home DS Test / Amp. Feeder Amp. Construction Service Survey Service Reconnect K.V.A. Solar												
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: <input type="checkbox"/> Other Side
FEE PAID FEE _____ CHECK # _____ INV. # _____						<input type="checkbox"/> Violation						<input type="checkbox"/> Other Side
Applicant's Signature _____ Company _____ Address _____ City _____ State _____ Zip Code _____ Phone No. _____ Elect. License #: _____ Exp. Date: _____ Name of Power Company: _____ Control # or Meter #: _____												
Inspector's Signature _____												

First State Inspection Agency, Inc.

Inspection Report

DATE	INSPECTOR	JOB DESCRIPTION/COMMENTS

Power Company Reports

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