



Corporate Office:

1001 Mattlind Way

Milford, DE 19963

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Office Use Only

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				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		500	750	1000	1250
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					

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's Signature _____ Company _____ Address _____ City _____ State _____ Zip Code _____ Phone No. _____ Elect. License #: _____ Exp. Date: _____ Name of Power Company: _____ Control # or Meter #: _____	CERTIFICATIONS <input type="checkbox"/> Rough Wiring <input type="checkbox"/> Fixture Approval <input type="checkbox"/> Elec. Certificate <input type="checkbox"/> Letter of Approval Date Issued _____ FEE PAID FEE _____ CHECK # _____ INV. # _____	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
Inspector's Signature _____			

