

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

Elect. Heat

500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000

Switches _____

Lighting _____

Receptacles _____

Number of Fixtures _____

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: _____

MDIA USE ONLY

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

MOTOR 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

Progress: Inc. ☐ LKD ☐

Violation: Work Comp. ☐ Inc. ☐

Contractor

Owner

Municipal

Utility

Fee
Due

CASH ☐

CHK # _____

MO # _____

INV # _____

Applicant ☐
Owner ☐

Cut in Card

☐ Temp # _____ Date _____

☐ Final # _____ Date _____

INSPECTORS SIGNATURE