

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

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 <input type="checkbox"/>	Check <input type="checkbox"/>	M.O. <input type="checkbox"/>	Make Payable To: M.D.I.A.
Number of Rough Wiring Outlets	Elect. Heat			
Switches	_____ Amp. Service _____ Surface Unit _____ Dishwasher _____ Range			
Lighting	_____ Water Heater _____ Air Conditioner _____ Dryer _____ Pump			
Receptacles	_____ Oven _____ Garbage Disposal Wiring and Controls for _____ Burner			
Number of Fixtures	_____ 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
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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

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
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Elect. Heat	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000
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CERTIFICATIONS	USE FOR INITIAL VISIT ONLY	NOTIFIED	DATE	CORRECT FEE	FEE PAID
<input type="checkbox"/> RW <input type="checkbox"/> CFT <input type="checkbox"/> L/A <input type="checkbox"/> L/A <input type="checkbox"/> IPA Date: _____	Progress: Inc. <input type="checkbox"/> LKD <input type="checkbox"/> Violation: Work Comp. <input type="checkbox"/> Inc. <input type="checkbox"/> Other Side <input type="checkbox"/>	Contractor		Fee Due	CASH <input type="checkbox"/>
		Owner			CHK # _____
		Municipal		MO # _____	
		Utility		INV # _____	
					Applicant <input type="checkbox"/>
					Owner <input type="checkbox"/>

Cut in Card Temp # _____ Date _____

Final # _____ Date _____

INSPECTORS SIGNATURE _____

