

Office Use	Elect. Permit #	Date
	Bldg Permit #	Sq Ft
	Temp #	Utility ID #
	Final Certificate #	

City / Village	Zip	Township	County
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Address	Cross Street	Section	Block	Lot
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Owner Name / Address (if different than above)	Contact Number
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Basement  
  1st Fl.  
  2nd Fl.  
  3rd Fl.  
  More Than 3 Fl.  
  Garage  
  Attic  
  Outside  
  Residential  
  Commercial


Receptacles	Special Recept Amt    Amps	GFCI	AFCI	Switches	Dimmers	Smoke Alarms	Carbon Monox	Hood	Trash Compact
Range (s)	Cooktop (s)	Oven (s)	Dishwashers	Refrigerator	Disposal	Microwave	Warm Draw	Fixtures Incandescent	Fluorescent

### SERVICE

Amperage	Voltage	1P	3P	# Meters	# Disconnect	<input type="checkbox"/> Underground	<input type="checkbox"/> New	<input type="checkbox"/> Reconnect
						<input type="checkbox"/> Overhead	<input type="checkbox"/> Change	

Visual Re-Inspection     
  Safety Re-Inspection     
  Re-Inspection

Additional Information



# SWIS

This application is valid for one (1) year from the date received by SWIS. This application is intended to cover the above listed items to be inspected, if at any time of inspection additional items have been installed, you are authorized to make the inspection and adjust the fee for the additional items inspected. The applicant declares that there is no open applications for the above address with any other inspection company. The applicant, owner or authorized agent agrees to all the above terms and conditions as set forth for the application.

Inspector	Date Finalized	Inspector #
Contractor	Date	Signature
Address	City / State	Zip Code
License #	ID #	Phone #