


**JOB APPLICATION****STATE WIDE INSPECTION SERVICES, INC.***Service With Integrity*1080 Main Street, Fishkill, NY 12524  
tel 845.202.7224 fax 914.219.1062 SWISNY.com

|   |                               |   |              |                |  |   |   |                                    |               |
|---|-------------------------------|---|--------------|----------------|--|---|---|------------------------------------|---------------|
| Office Use  | Elect. Permit #               |   | Date         |                |  |   |   |                                    |               |
|   | Bldg Permit #                 |   | Sq Ft        |                |  |   |   |                                    |               |
|   | Temp #                        |   | Utility ID # |                |  |   |   |                                    |               |
|   | Final Certificate #           |   |              |                |  |   |   |                                    |               |
| City / Village  |                               | Zip   | Township     |                | County                                 |   |   |                                    |               |
| Address   |                               | Cross Street                                  |              | Section        | Block                                  | Lot   |   |                                    |               |
| Owner Name / Address (If different than above)  |                               |   |              | Contact Number |  |   |   |                                    |               |
| <input type="checkbox"/> Basement <input type="checkbox"/> 1st Fl. <input type="checkbox"/> 2nd Fl. <input type="checkbox"/> 3rd Fl. <input type="checkbox"/> More Than 3 Fl. <input type="checkbox"/> Garage <input type="checkbox"/> Attic <input type="checkbox"/> Outside <input type="checkbox"/> Residential <input type="checkbox"/> Commercial  |                               |   |              |                |  |   |   |                                    |               |
| Receptacles   | Special Recept<br>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<br>Incandescent           | Fluorescent   |
| <b>SERVICE</b>  |                               |   |              |                |  |   |   |                                    |               |
| Amperage  | Voltage                       | 1P  | 3P           | # Meters       | # Disconnect                           | <input type="checkbox"/> Underground<br><input type="checkbox"/> Overhead | <input type="checkbox"/> New<br><input type="checkbox"/> Change | <input type="checkbox"/> Reconnect |               |
| <input type="checkbox"/> Visual Re-Inspection   |                               | <input type="checkbox"/> Safety Re-Inspection |              |                | <input type="checkbox"/> Re-Inspection |   |   |                                    |               |
| Additional Information  |                               |   |              |                |  |   |   |                                    |               |
|   |                               |   |              |                |  |   |   |                                    |               |
| 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 #   |   |                                    |               |