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THIS SECTION TO BE COMPLETED BY APPLICANT

This question MUST be answered for acceptance of this application. Has this installation been inspected by any other agency?									
Application For:	Wiring <input type="checkbox"/>	Temporary Service <input type="checkbox"/>	Permanent Service <input type="checkbox"/>	Survey <input type="checkbox"/>	Other:				
Building Type:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Utility Company:					
Building Sq. Ft.:	No. of Floors:		Sq. Ft. Per Floor:		Visits Per Floor (If Known):				
Municipality:	Section:		Block:		Lot:				
Address:	City/Twn/Vlg:		State:		County:				
Applicant Name:	Owner Name:		Permit #:						
Applicant Phone:	Applicant Email:								
Electrician:	Electrician License Number:								
Type of Work (Check All That Apply)	New Construction <input type="checkbox"/>	Remodel <input type="checkbox"/>	Addition <input type="checkbox"/>	Service Upgrade <input type="checkbox"/>	Repair <input type="checkbox"/>	Service Reconnection <input type="checkbox"/>			
	In-ground Pool <input type="checkbox"/>	Above Ground Pool <input type="checkbox"/>	Spa/Hot Tub <input type="checkbox"/>	Generator <input type="checkbox"/>	PV System <input type="checkbox"/>	Add. Bldg. <input type="checkbox"/>			
Service Type:	Underground <input type="checkbox"/>	Overhead <input type="checkbox"/>	Service Size (Amps):	100 <input type="checkbox"/>	125 <input type="checkbox"/>	150 <input type="checkbox"/>	200 <input type="checkbox"/>	Other:	
Service Voltage:	Service Phase:		Single Phase <input type="checkbox"/>	3 Phase <input type="checkbox"/>	# of Meters:				
Equipment / Wiring (Fill in quantity near each item that applies. If quantity is unknown, write "U". Leave items that don't apply blank)									
Circuits:	Switches:	Receptacles:	Luminaires:	Electric Baseboards:		Water Heaters:		Garbage Disposals:	
Dishwashers:	AC Condensers:	Air Handlers:	Pumps:	Ovens:	Ranges:	Fractional Fans:		CO2/Smoke Alarms:	
Jetted Tubs:	Transfer Switches:		Panelboards:	Transformers:		Generators:	Vehicle Charging Outlets:		
Other:									

OFFICE USE ONLY

1st Rough Date:	1st Final Date:	Certificate Issued (Y/N):	Inspector Name:				
Failure Info:							
Resolution Date:							
2nd Rough Date:	2nd Final Date:	Certificate Issued (Y/N):	Inspector Name:				
Failure Info:							
Resolution Date:							
3rd Rough Date:	3rd Final Date:	Certificate Issued (Y/N):	Inspector Name:				
Failure Info:							
Resolution Date:							
Equipment / Wiring							
Circuits:	Switches:	Receptacles:	Luminaires:	Electric Baseboards:	Water Heaters:	Garbage Disposals:	
Dishwashers:	AC Condensers:	Air Handlers:	Pumps:	Ovens:	Ranges:	Fractional Fans:	CO2/Smoke Alarms:
Jetted Tubs:	Transfer Switches:		Panelboards:	Transformers:		Generators:	Vehicle Charging Outlets:
Other:							