



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.
No.:

APPLICATION FOR BUILDING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY.		Permit # _____	Date _____		
Municipality _____		County _____	State _____		
Lot _____		Street Address _____		Zip _____	
Owner _____		Occupant _____			
Occupied As _____					
Authorized Agent _____		Phone # _____			
Applicant's Signature _____		Applicant has read and agrees to terms and conditions on reverse side. Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL			
T/A _____		License # _____ Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B			
Applicant's Address _____		III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B			
City _____		State _____	Zip Code _____		
Phone # _____		Use & Occupancy Class. (IBC Chap. 3) - _____			
		Fire Suppression System - <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST ALL EQUIPMENT BELOW:		CALL 24 HOURS PRIOR TO INSPECTION			
	New Construction Sq. Ft.		Fence		Roof
	Renovations, Alterations Sq. Ft.		Deck		Demolition
	Fireplace		Shed		Swimming Pools In Ground
	Woodburning Stove		SFD - # bedrooms		Above Ground
FOR AGENCY USE ONLY:			Code	Date	Insp. initials and #
			Approved	Rejected	
COMMERCIAL		Fee	Plan Review		
A.	New construction sq. ft.		Footing		
B.	Renovations sq. ft.		Foundation		
C.	Swimming Pool		Framing		
D.	Industrialized/manufactured building		Insulation		
E.	Other		Wallboard		
RESIDENTIAL			Final		
F.	Industrialized Housing		Other		
G.	Single family dwelling				
H.	Swimming Pool				
I.	Townhouses/condos # units				
J.	Multi-family # units				
K.	Detached accessory structure				
L.	Other				
M.	Plan Review		Notified / Date		
TOTAL FEE:		\$ _____	Municipality	Applicant	Contractor
Fee Paid <input type="checkbox"/>		Check # _____			Lender
					Owner