

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 Check M.O. Make Payable To: M.D.I.A.

Number of Rough Wiring Outlets _____	Elect. Heat _____	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000
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'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 _____

MOTOR 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
	Elect. Heat _____										500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000			

CERTIFICATIONS	USE FOR INITIAL VISIT ONLY	NOTIFIED	DATE	CORRECT FEE	FEE PAID
<input type="checkbox"/> RW	Progress: Inc. <input type="checkbox"/> LKD <input type="checkbox"/>	Contractor		Fee Due	CASH <input type="checkbox"/>
<input type="checkbox"/> CFT	Violation: Work Comp. <input type="checkbox"/> Inc. <input type="checkbox"/>	Owner			CHK # _____
<input type="checkbox"/> L/A _____		Municipal			MO # _____
<input type="checkbox"/> L/A _____		Utility			INV # _____
<input type="checkbox"/> IPA					Applicant <input type="checkbox"/>
Date: _____	Other Side <input type="checkbox"/>				Owner <input type="checkbox"/>

Cut in Card Temp # _____ Date _____
 Final # _____ Date _____

INSPECTORS SIGNATURE _____