

**JOB APPLICATION****STATEWIDE INSPECTION SERVICES, INC.***Service With Integrity*1080 Main Street, Fishkill, NY 12524 | email: office@swisny.comtel 845.202.7224 | fax 914.219.1062 | SWISNY.com | SWISTRaining.com

Office Use		Elect. Permit #				Date			
		Bldg Permit #				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	GFCI Amt	AFCI Amps	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"/> Overhead	<input type="checkbox"/> New <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

**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 #
Company Name	Date	Signature
Address	City / State	
License #	Phone #	