




JOB APPLICATION

STATE WIDE INSPECTION SERVICES, INC.

Service With Integrity

21 Old Main Street, Suite 203, 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 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 <input type="checkbox"/> Incandescent <input type="checkbox"/> 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										
<p>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.</p>										
Inspector			Date Finalized		Inspector #					
Contractor			Date		Signature					
Address			City / State			Zip Code				
License #		ID #			Phone #					