

# NEW YORK CERTIFIED ELECTRICAL INSPECTORS LLC.

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## APPLICATION FOR INSPECTION

Date	<input type="text"/>	Sec.	<input type="text"/>	Blk.	<input type="text"/>	Lot	<input type="text"/>
Bldg Dept	<input type="text"/>					B.P. #	<input type="text"/>

Job Location	<input type="text"/>						
Directions:	<input type="text"/>						
Directions:	<input type="text"/>						
Owner:	<input type="text"/>						
Phone:	<input type="text"/>	Fax:	<input type="text"/>	e-Mail	<input type="text"/>		
Address:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip	<input type="text"/>		

Util. Co.	<input type="text"/>	J#	<input type="text"/>	Sq. Ft.	<input type="text"/>
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(check or fill in all that apply)

Service:	New	<input type="text"/>	Temp	<input type="text"/>	Upgrade	<input type="text"/>	Disc/Rec	<input type="text"/>
	Repair	<input type="text"/>	C.T.O.	<input type="text"/>	U/G	<input type="text"/>	O/H	<input type="text"/>
	Wire Sz	<input type="text"/>	Amps	<input type="text"/>	Phase	<input type="text"/>	C. T.	<input type="text"/>

Insp Detail	Modular	<input type="text"/>	Stick	<input type="text"/>	Res.	<input type="text"/>	Comm.	<input type="text"/>
	Base	<input type="text"/>	1st Fl.	<input type="text"/>	2nd Fl.	<input type="text"/>	3rd Fl.	<input type="text"/>
	Pool	<input type="text"/>	Spa	<input type="text"/>	Hot Tub	<input type="text"/>	Sauna	<input type="text"/>
	Garage	<input type="text"/>	Addition	<input type="text"/>	Out Bldg.	<input type="text"/>	Access	<input type="text"/>

Insp Type	New	<input type="text"/>	As Built	<input type="text"/>	Survey	<input type="text"/>	Def. Rem.	<input type="text"/>
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Notes: \_\_\_\_\_  
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Applicant:	<input type="text"/>					Lic.#	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>	e-Mail	<input type="text"/>		
Address:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip	<input type="text"/>		

Below for NYCEI use only

Visit Record	Date	Comments	Cut Card
Service	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rough in	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rough in	<input type="text"/>	<input type="text"/>	<input type="text"/>
Final	<input type="text"/>	<input type="text"/>	<input type="text"/>

MC/VISA  Exp. Date

APPLICATION #