



**Milford**  
302-422-3859  
Fax: 302-422-4270

**All Mail:**  
1001 Mattlind Way  
Milford, DE 19963

**Middletown**  
302-449-5383  
Fax: 302-449-5385

Email: fsia@verizon.net

Toll Free: 800-468-7338

Office Use Only

<b>ADC Map Location</b>	<b>Job Site Contact Name &amp; Phone #</b>
-------------------------	--

Location \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Development \_\_\_\_\_ Lot # \_\_\_\_\_ 911 Address \_\_\_\_\_  
 Owner/Occupant \_\_\_\_\_ Permit# \_\_\_\_\_  
 Occupied As \_\_\_\_\_ Work: New \_\_\_\_\_ Additional \_\_\_\_\_ Building: New \_\_\_\_\_ Old \_\_\_\_\_

App. for - Rough Wiring  Fixtures  or \_\_\_\_\_ Ready for Inspection \_\_\_\_\_  
 Fee Remitted - \$ \_\_\_\_\_ By Check  Money Order  Make Payable To F.S.I.A. \_\_\_\_\_

List All Equipment And Wiring Below:

Number of Total Outlets	Elect. Heat			
	500	750	1000	1250
Switches _____	1500	1750	2000	2250
Lighting _____				
Receptacles _____		2500	2750	3000
Number of Fixtures _____				

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	-

K.W. Range \_\_\_\_\_  
 K.W. Water Heater \_\_\_\_\_  
 H.P. Air Conditioner/Heat Pump \_\_\_\_\_  
 Burner, Wiring & Controls for \_\_\_\_\_  
 K.W. Electric Furnace \_\_\_\_\_  
 H.P. Pump \_\_\_\_\_  
 Fire Alarm Devices \_\_\_\_\_  
 Amp. Service Equipment \_\_\_\_\_  
 Amp. Service Conductors \_\_\_\_\_  
 H.P. Garbage Disposal \_\_\_\_\_  
 K.W. Dishwasher \_\_\_\_\_  
 K.W. Dryer \_\_\_\_\_  
 Amp. \_\_\_\_\_ Receptacle \_\_\_\_\_  
 Frac. H.P. Vent Fans \_\_\_\_\_  
 Mobile Home DS Test / \_\_\_\_\_ Amp. Feeder \_\_\_\_\_  
 Amp. Construction Service \_\_\_\_\_  
 Survey \_\_\_\_\_  
 Service Reconnect \_\_\_\_\_  
 K.V.A. Solar \_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Elect. License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name of Power Company: \_\_\_\_\_  
 Control # or Meter #: \_\_\_\_\_

**SPACE BELOW FOR AGENCY'S USE ONLY**

Date Received \_\_\_\_\_ Date Inspected \_\_\_\_\_

R.W. Outlets \_\_\_\_\_  
 K.W. Range \_\_\_\_\_  
 K.W. Water Heater \_\_\_\_\_  
 H.P. Air Conditioner/Heat Pump \_\_\_\_\_  
 Burner, Wiring & Controls for \_\_\_\_\_  
 K.W. Electric Furnace \_\_\_\_\_  
 H.P. Pump \_\_\_\_\_  
 Outlets \_\_\_\_\_  
 Receptacles \_\_\_\_\_  
 Fixtures \_\_\_\_\_

Amp. Service Equip.	Elect. Heat			
	500	750	1000	1250
Amp. Service Cond.	1500	1750	2000	2250
H.P. Garbage Disp.				
K.W. Dishwasher				
K.W. Dryer		2500	2750	3000
Amp. _____ Recp. _____				
Frac. H.P. Vent Fans				
Mobile Home DS Test / _____	Amp. Feeder _____			
Amp. Construction Service				
Survey				

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	-

<b>CERTIFICATIONS</b> <input type="checkbox"/> Rough Wiring <input type="checkbox"/> Fixture Approval <input type="checkbox"/> Elec. Certificate <input type="checkbox"/> Letter of Approval  Date Issued _____ FEE PAID _____ FEE _____ CHECK # _____ INV. # _____	<b>PROGRESS STATUS</b> <b>Comments:</b> <input type="checkbox"/> RW <input type="checkbox"/> Temp <input type="checkbox"/> Prog <input type="checkbox"/> LKD <input type="checkbox"/> Inc <input type="checkbox"/> Violation <input type="checkbox"/> Other Side
Inspector's Signature _____	



TOWN OF  
**Princess Anne**

Town of Princess Anne  
30489 Broad Street  
Princess Anne, MD 21853  
410-651-1818

Commissioners  
Joseph Gardner, President  
Orlando Taylor, Vice President  
Lionel Frederick, Commissioner  
Marshall Corbin, Commissioner  
Shelley Johnson, Commissioner

### Electrical Inspection Application

Permit Number: \_\_\_\_\_ **\*Office Use Only\***

**Please print clearly.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_

Street Address of Work: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Contractors Address: \_\_\_\_\_

Contractors Phone Number: \_\_\_\_\_

Contractors Signature: \_\_\_\_\_

Email: \_\_\_\_\_

#### Type of Use

Single Family: Stick Built \_\_\_\_\_ Modular \_\_\_\_\_ Manufactured \_\_\_\_\_ Addition \_\_\_\_\_

Multi Family: Duplex \_\_\_\_\_ Townhouse \_\_\_\_\_ Apartments \_\_\_\_\_ Other \_\_\_\_\_

Commercial: Shopping Center \_\_\_\_\_ Restaurant \_\_\_\_\_ Industrial \_\_\_\_\_ Office \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Issued By: \_\_\_\_\_

**All inspections are performed by First State Inspection Agency. Failure to have inspections within 180 days will result in your permit expiring and additional fees. Inspection and administrative fees will be invoiced to the owner or contractor of the property.**

**If First State has not contacted you within 24-48 hours, please call their office at 302-422-3859**