



JOB APPLICATION

STATE WIDE INSPECTION SERVICES, INC.

Service With Integrity

8 North Lawn Avenue, Elmsford, New York 10523
 tel 914.909.4471 fax 914.219.1062 SWISNY.com

For Building Dept. Use Only		Building Permit #				Date							
		Temp #				Sq Ft							
		Final Certificate #				Utility ID #							
OCP Name:		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	Multi Outlet Systems					
Range (s)	Cooktop (s)	Oven (s)	Dishwashers	Refrigerator	Disposal	Microwave	Warm Draw	Hood	Trash Compact				
Fixtures													
Incandescent	Fluorescent	HPS	Low Voltage	Track Lighting	Landscape	Ballards Pole	Exit	Emergency	Hazards				
SERVICE													
Amperage	Voltage	1P	3P	# Meters	# Disconnect	<input type="checkbox"/> Underground	<input type="checkbox"/> New	<input type="checkbox"/> Reconnect					
						<input type="checkbox"/> Overhead	<input type="checkbox"/> Change						
# of Panels	Circuit	Amperage	Volts	Transformers		UPS		Generators		Motors			
				<input type="checkbox"/> 0-25 KVP	# _____	<input type="checkbox"/> 0-25	# _____	<input type="checkbox"/> 0-25	# _____	Amt	HP	Amt	HP
				<input type="checkbox"/> 26-75 KVP	# _____	<input type="checkbox"/> 26-75	# _____	<input type="checkbox"/> 26-75	# _____				
				<input type="checkbox"/> 76-100 KVP	# _____	<input type="checkbox"/> 76-100	# _____	<input type="checkbox"/> 76-100	# _____				
				<input type="checkbox"/> Over 100 KVP	# _____	<input type="checkbox"/> Over 100	# _____	<input type="checkbox"/> Over 100	# _____				
Sign Type	Time Clock	Base Board Heat		Unit Heater		Furnace	Boiler	Exhaust Fan		Elec. Water Heater			
Amt <input type="checkbox"/> Incandescent <input type="checkbox"/> Fluor <input type="checkbox"/> Neon	Amt Amp Volt	Amt Amp Volt	Amt Amp Volt	Amt Amp Volt	<input type="checkbox"/> Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Gas <input type="checkbox"/> Oil	Amt Amp Volt	Amt Amp Volt	Amt Amp Volt	Amt Amp Volt	Amt Amp Volt		
<input type="checkbox"/> Visual Re-Inspection			<input type="checkbox"/> Safety Re-Inspection			<input type="checkbox"/> Re-Inspection							
<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 #						