

# INSPECTION FORM



**Certified Electrical Inspections, Inc.**

www.cei-ny.com

Application#

APPLICANT	OWNER/TENANT LAST NAME	<input type="checkbox"/> New Structure <input type="checkbox"/> Reno/Addition
COMPANY NAME	OWNER/TENANT FIRST NAME	Nearest Intersection
STREET	STREET	Section          Block          Lot
CITY	CITY	Building Permit #
STATE          ZIP CODE	STATE          ZIP CODE	Town/Village Application #
COMPANY PHONE #	HOME PHONE #	Sq. Footage of Inspection Area
CELL PHONE #	CELL PHONE #	Email Address
COMPANY FAX #	WORK PHONE #	Inspector (Official Use Only)

Residential  Commercial  Rough  Temp  As-Built  Survey  Final  Open Wall  Closed Wall

<input type="checkbox"/> Basement# of	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Bed	<input type="checkbox"/>	Family	<input type="checkbox"/>	Dining	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Office	<input type="checkbox"/>	Living	<input type="checkbox"/>	Hall
<input type="checkbox"/> 1 <sup>st</sup> Floor # of	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Bed	<input type="checkbox"/>	Family	<input type="checkbox"/>	Dining	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Office	<input type="checkbox"/>	Living	<input type="checkbox"/>	Hall
<input type="checkbox"/> 2 <sup>nd</sup> Floor # of	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Bed	<input type="checkbox"/>	Family	<input type="checkbox"/>	Dining	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Office	<input type="checkbox"/>	Living	<input type="checkbox"/>	Hall

Porch  Deck  Shed  Portico  Generator  Central A/C  Garage  Converted  Attached  Detached

**Pool**  Above Ground  InGround  Hot Tub  New  Existing

**Service**  100Amp  150Amp  320Amp  200Amp  400Amp  800Amp  3ø Phase  Overhead  Reconnect Service  
 1ø Phase  Underground  Fire Reconnect

**Additional Inspection Details:**

**Inspector Use Only**

Date	Rough	Trench	Temp	Closed Wall As Built	Survey	Final	Re-Inspection

**Inspectors Notes:**

Estimated Total:	T.O.B License #	T.O.H License #	T.N.H License #	Suffolk License #	Other #
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