Vanguard Direct Fort Washington, PA • Phone: 800-451-1176 Fax: 267-468-0219
VG #11-327186-B 6/13 W-280136

APPLICATION FOR ELECTRICAL INSPECTION

PLEASE BEAR DOWN YOU ARE MAKING (4) COPIES

FOR MDIA USE ONLY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

FOR MDIA USE ONLY

APPLICANT COMPLETES THIS SECTION

Date:

City, Town or Township _____ County _____ State _____
Location/Address _____
(If Located in Rural Area - Please Attach Directions)
Pole # _____
Owner _____ Phone # _____ Permit # _____
Occupied As _____ Building: New ☐ Old ☐
Occupant _____
Work Area in Building (Floor #, etc.):

App. for: Wiring ☐ Service ☐ or: Ready for Inspection:

Fee Remitted - $ Cash ☐ Check ☐ M.O. ☐ Make Payable To: M.D.I.A.

Number of Rough Wiring Outlets
Switches _____
Lighting _____
Receptacles _____
Number of Fixtures

Elect. Heat | | 500 | 750 | 1000 | 1250 | 1500 | 1750 | 2000 | 2250 | 2500 | 2750 | 3000 | | | |

_____ Amp. Service _____ Surface Unit _____ Dishwasher _____ Range
_____ Water Heater _____ Air Conditioner _____ Dryer _____ Pump
_____ Oven _____ Garbage Disposal Wiring and Controls for _____ Burner
_____ Amp. Receptacles _____ Fractional H.P. Vent Fans
Other Equipment: _____

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	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100				

Applicant has read and agrees to terms and conditions on reverse side.
Applicant's Signature _____ License # _____ Permit # _____
T/A _____ Utility: _____ (NAME) _____ (OFFICE LOCATION)
Applicant's Address: _____
(City) _____ (State) _____ (Zip) _____ Service Request # _____
Phone # _____ Electrician: _____

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DATE RECEIVED: DATE INSPECTED:

Correct Location: Same as Above ☐ or:
Red Notice Label ☐

Rough Wiring Outlets	Surface Unit	Oven
Switches	Range	Garbage Disposal
Receptacles	Water Heater	Dishwasher
Fixtures	Air Conditioner	Dryer
Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
Amp. Service Conductors	Pump	Vent Fans

MOTOR 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	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100				

	Elect. Heat		500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000			

CERTIFICATIONS	USE FOR INITIAL VISIT ONLY	NOTIFIED	DATE	CORRECT FEE	FEE PAID
☐ RW ☐ CFT ☐ L/A _____ ☐ L/A _____ ☐ IPA Date: _____	Progress: Inc. ☐ LKD ☐ Violation: Work Comp. ☐ Inc. ☐ Other Side ☐	Contractor Owner Municipal Utility		Fee Due	CASH ☐ CHK # _____ MO # _____ INV # _____ Applicant ☐ Owner ☐

Cut in Card ☐ Temp # _____ Date _____
☐ Final # Date
INSPECTORS SIGNATURE