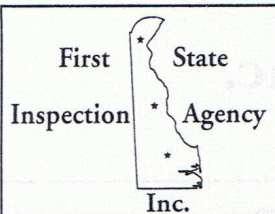


THE TOWN OF ODESSA

Office Use Only



Dover
302-734-4758
FAX: 302-734-8099

All Mail:
111 So. Race St.
Georgetown, DE 19947-1945
302-856-3517
1-800-468-7338
FAX: 302-856-3539

Middletown
302-449-5383
FAX: 302-449-5385

Office Use Only

ADC Map Location	Job Site Contact Name & Phone #
------------------	---------------------------------

Location _____
 City _____ 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:	Elect. Heat				
	Number of Rough Wiring Outlets	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 _____
 Outlets _____
 Receptacles _____
 Fixtures _____
 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 _____

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. _____
 Amp. Service Cond. _____
 H.P. Garbage Disp. _____
 K.W. Dishwasher _____
 K.W. Dryer _____
 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	Elect. Heat			
	500	750	1000	1250
1500	1750	2000	2250	
	2500	2750	3000	

CERTIFICATIONS <input type="checkbox"/> Rough Wiring <input type="checkbox"/> Fixture Approval <input type="checkbox"/> Elec. Certificate <input type="checkbox"/> Letter of Approval Date Issued _____	PROGRESS STATUS <input type="checkbox"/> RW <input type="checkbox"/> Temp <input type="checkbox"/> Prog <input type="checkbox"/> LKD <input type="checkbox"/> Inc <input type="checkbox"/> Violation Comments: _____ <input type="checkbox"/> Other Side
--	--

NOTIFIED	RE-PORT	CARD	NEW	OLD	FEE PAID
Contractor					FEE
Owner					CHECK #
Occupant					INV. #
Agent					
Elect. Lt. Co.					
Inspector's Signature _____					