

200 Chesapeake Blvd., Suite 2900
Elkton, MD 21921

Member of I.A.E.I. & N.F.P.A.
WALTER W. GRANGER JR. INC.
D/B/A

Phone: 410-620-6000
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BAY AREA INSPECTION AGENCY

ELECTRICAL AND FIRE INSPECTION-ENFORCING AND CONSULTING SERVICE
DESIRING CERTIFICATE OF APPROVAL, APPLICATION IS MADE FOR INSPECTION OF ELECTRICAL INSTALLATION IN THE PREMISES DESCRIBED BELOW. ON DEMAND APPLICANT AGREES TO PAY FOR INSPECTION SERVICE IN ACCORD WITH SCHEDULE OF CHARGES.
ALLICATION VOID AFTER 365 DAYS

PERMIT

THIS SECTION TO BE COMPLETED BY APPLICANT—**PLEASE PRINT** DATE: _____
CITY/TOWN/TOWNSHIP _____ COUNTY _____ STATE _____
JOB LOCATION/ ADDRESS _____
ADC MAP REF # _____ DEVELOPMENT/ (PT AND REF PT) _____
OWNERS NAME _____ OCCUPANT _____

BUILDING PERMIT # _____ POWER COMPANY (CIRCLE ONE) NE DELMARVA / CENTERVILLE DELMARVA/ CHOPTANK
◆ NEW OLD STRUCTURE ◆ DWELLING ADD TO DWELLING MOBILE HOME MODULAR HOME POOL
 HOT TUB TEMP. SER. SIGN COMMERCIAL INDUSTRIAL SURVEY GARAGE OTHER _____

Elect. Lic. Holder _____ Company _____ CC Lic. # _____
Elec. Cont. Address _____
Elec. Cont Phone _____ Applicant's Signature _____

EQUIPMENT INSTALLED: (Number of devices) _____ KW/HP
LIGHT _____ SMOKE DET. _____ SECURITY _____ RANGE _____
SWITCH _____ TV _____ FIRE SYSTEM _____ DRYER _____
RECEPT _____ PHONE _____ STEEL BONDING _____ A/C _____
EX FAN _____ INTERCOM _____ HEATER (circle one) Size _____ WATER PUMP _____
CEILING FAN _____ DATA _____ GAS/OIL/ELECT _____ H2O HEATER _____
SIGN _____ amps _____ volts _____ SPA/WHIRLPOOL _____

SERVICE, DISTRIBUTION EQUIPMENT AND FEEDERS

MAIN SERVICE (AMPS/ VOLTS/ PHASE)			Generator & TX			Motors			A/C / Appliances/Heat				
Sub-panels and Feeders			Generator & TX			Motors			A/C / Appliances/Heat				
#	Amperage	Volt/Ø	Device	#	KV	Volt/Ø	#	HP	Volt/Ø	#	W/KV	Amp	Device
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

OTHER EQUIPMENT (If more room is needed, continue on the back of this paper or attach the equipment list.)

THIS SECTION IS FOR OFFICE USE ONLY

INITIAL FEE _____ DATE _____
ADD FEE _____ DATE _____ REA. _____
ADD FEE _____ DATE _____ REA. _____
ADD FEE _____ DATE _____ REA. _____

INSP. TYPE DATE INSPECTOR DATE STICKER INSPECTION

_____	_____	_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	_____	_____	DATE	AMT	CK#
_____	_____	_____	_____	_____	_____	DATE	AMT	INV#
_____	_____	_____	_____	_____	_____	DATE	AMT	CK#

WORK WITH CUT IN CARD # _____ DATE _____ CUT IN CARD # _____ DATE _____
DATE FINALED: _____ FINAL INSPECTOR: _____