


**JOB APPLICATION****STATE WIDE INSPECTION SERVICES, INC.***Service With Integrity*1080 Main Street, Fishkill, NY 12524 | email: office@swisny.com
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Office Use	Elect. Permit #		Date						
	Bldg Permit #		Utility ID #						
	Final Certificate #								
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	Hood	Trash Compact
Range (s)	Cooktop (s)	Oven (s)	Dishwashers	Refrigerator	Disposal	Microwave	Warm Draw	Fixtures Incandescent Fluorescent	
SERVICE									
Amperage	Voltage	1P	3P	# Meters	# Disconnect	<input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Reconnect	
<input type="checkbox"/> Visual Re-Inspection <input type="checkbox"/> Safety Re-Inspection <input type="checkbox"/> Re-Inspection									
Additional Information									
									
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.									
Inspector		Date Finalized		Inspector #					
Company Name		Date		Signature					
Address		City / State				Zip Code			
License #		Phone #							