



East End Inspection Agency LLC

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Application for Electrical Inspection

Please fill out as completely as possible

SCTM# Dist _____ Section _____ Block _____ Lot _____ Date: _____

Owner: _____ Permit #: _____

Mailing Address: _____

Job/Property Location: _____

Ready for Inspection: _____ Square Footage: _____

() Residential () Commercial () Municipal ()

() New () Addition () Renovation () As Built/Survey

() Basement () 1st Floor () 2nd Floor () 3rd Floor () Garage () Service () Swimming Pool

() Swimming Pool w/Spa () Hot Tub () Generator () Photovoltaic System

() Other _____

Service is: _____ Amp () Overhead () Underground

() New Service () Change of Service

Meter Number: _____ (required by PSEG for all but new services)

Service Disconnects : _____ Meter(s) _____

No of Conductors per Phase: _____ Neutral Size: _____

TEMP REQUESTED () Yes () No **Temps are emailed unless otherwise requested**

Would you like a copy of TEMP emailed directly to PSE&G () Yes () No

If yes – Date ready for PSEG reconnect _____

Installer: _____ License #: _____

Address: _____

Email Address: _____ Telephone _____