

ELECTRICAL INSPECTION CITY OF HIAWATHA

Office Use Only:

Date: _____ Time: _____ Inspector: _____

Check One:

- | | |
|--|---|
| <input type="checkbox"/> Family Dwelling | <input type="checkbox"/> Multiple Family Dwelling |
| <input type="checkbox"/> Business | <input type="checkbox"/> Public Building |
| <input type="checkbox"/> Manufacturing | |

Electrician and/or Contractor: _____ Phone No. () _____

Company Name: _____

STREET ADDRESS: _____

Check One:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Complete Remodeling | <input type="checkbox"/> New Service Only |
| <input type="checkbox"/> Partial Remodeling | <input type="checkbox"/> Temporary Service | <input type="checkbox"/> Other _____ |

Main Service Outside

- | | |
|---------------------------------|-----------------|
| <input type="checkbox"/> 4 wire | Wire Size _____ |
| <input type="checkbox"/> 3 wire | |
| <input type="checkbox"/> 2 wire | |

Main Service Load Rating: 60A Other: _____
 100A
 150A
 200A

Total Number of Circuits	Size of Box	Wire Size
_____	<input type="checkbox"/> 120V	_____
_____	<input type="checkbox"/> 240V	_____
_____	<input type="checkbox"/> Three Phase	_____

Electrician or Contractor's Signature: _____

**A \$10.00 INSPECTION FEE IS REQUIRED WHEN FORM IS RETURNED.
All electrical must follow the 2005 N.E.C. Manual.**

_____ POWER TO BE CONNECTED _____ DO NOT CONNECT