



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.
No.:

APPLICATION FOR BUILDING INSPECTION

| | | | | | | |
|--|--------------------------------------|---|------------------|---|------------|--|
| APPLICANT: PLEASE PRINT FIRMLY. | | Permit # | Date | | | |
| Municipality | | County | | State | | |
| Lot | | Street Address | | | Zip | |
| Owner | | Occupant | | | | |
| Occupied As | | | | | | |
| Authorized Agent | | Phone # | | | | |
| Applicant's Signature <small>Applicant has read and agrees to terms and conditions on reverse side.</small> | | Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL | | | | |
| T/A License # | | Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B | | | | |
| Applicant's Address | | III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B | | | | |
| City State Zip Code | | Use & Occupancy Class. (IBC Chap. 3) - _____ | | | | |
| Phone # | | Fire Suppression System - <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| LIST ALL EQUIPMENT BELOW: | | CALL 24 HOURS PRIOR TO INSPECTION | | | | |
| | New Construction Sq. Ft. | | Fence | Roof | Other: | |
| | Renovations, Alterations Sq. Ft. | | Deck | Demolition | | |
| | Fireplace | | Shed | Swimming Pools <input type="checkbox"/> In Ground | | |
| | Woodburning Stove | | SFD - # bedrooms | <input type="checkbox"/> Above Ground | | |
| FOR AGENCY USE ONLY: | | Code | Date | Insp. initials and # | Approved | |
| COMMERCIAL | | Fee | | Plan Review | Rejected | |
| A. | New construction sq. ft. | | Footing | | | |
| B. | Renovations sq. ft. | | Foundation | | | |
| C. | Swimming Pool | | Framing | | | |
| D. | Industrialized/manufactured building | | Insulation | | | |
| E. | Other | | Wallboard | | | |
| RESIDENTIAL | | Final | | | | |
| F. | Industrialized Housing | | Other | | | |
| G. | Single family dwelling | | | | | |
| H. | Swimming Pool | | | | | |
| I. | Townhouses/condos # units | | | | | |
| J. | Multi-family # units | | | | | |
| K. | Detached accessory structure | | | | | |
| L. | Other | | | | | |
| M. | Plan Review | Notified / Date | | | | |
| TOTAL FEE: | | \$ | Municipality | Applicant | Contractor | |
| Fee Paid <input type="checkbox"/> | | Check # | | Lender | Owner | |