

# New York Electrical Inspection Agency

Main Office: 585-436-4460 Fax: 585-349-3834 Email: office@nyeia.com

## Application / Scope of Work

--- Worksheet ---

Part A				ELECTRICAL CONTRACTOR INFORMATION				
Date:								
Company Name:								
Company Address:								
Contact Person:								
Contact Phone:				Contact Email:				
Purchase Order #:								

Part B				PROJECT INFORMATION				
Project Name:								
Owners Name:								
Project Location:								
Municipality Where Building Permit Was Issued:				Building Permit Number (If Applicable):				
Project Start Date (Estimated):				Project Completion Date (Estimated):				
Number of Inspections or Trips Required *:				Number of Final Electrical Certificates Needed ** (Ex: One for the entire job or multiple certificates for separate parts of the project)				

Part C								PROPERTY INFORMATION								
<b>Building Type:</b> <small>(Check One)</small>		Residential		Commercial		Industrial		Other								

<b>Type of Work:</b> <small>(Check All That Apply)</small>	New Construction	Remodel	Addition	Visual / Safety	Service Upgrade	Service Inspection
	Pool Inground	Pool Aboveground	Hot Tub	Generator	PV System	

Items not listed on this form may be considered outside the scope of this Electrical Inspection Scope of Work and additional fees may apply.

\* Additional trips to the jobsite due to a failed final inspection, incomplete work, not having a safe and/or complete access to all the areas needing inspecting, no shows appointment, etc. will result in additional trip charges.

\*\* On larger jobs, please note in Part B if one final certificate is needed for the entire job or are multiple certificates needed for each unit or individual parts of the project. Additional fees may apply if multiple final certificates are needed at different stages of the same project.

Please contact our main office if you have any questions, require assistance filling out this form, or require any additional information.

**NEW YORK ELECTRICAL INSPECTION AGENCY**

2767 DEWEY AVENUE \* ROCHESTER, NEW YORK 14616

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WWW.NYEIA.COM

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Part D ELECTRIC UTILITY COMPANY INFORMATION (If Applicable)				
<b>Electric Utility Company:</b>				
<b>Electric Utility Job Number (WREQ or ESR #):</b>				
<b>Customer Account Number (If Applicable):</b>				
Type of Service Work (Check all that apply)				
<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input type="checkbox"/> Temporary		
<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repair		
Type of Service (Check all that apply)				
<input type="checkbox"/> 100 amp	<input type="checkbox"/> 150 amp	<input type="checkbox"/> 200 amp	<input type="checkbox"/> 400 amp	<input type="checkbox"/> Other
<input type="checkbox"/> 1 Phase, 3 wire, 120/240V	<input type="checkbox"/> 3 Phase, 4 wire Y, 120/208V	<input type="checkbox"/> 3 Phase, 4 wire Y, 277/480V	<input type="checkbox"/> 1 Phase, 3 wire Y, 120/208V	<input type="checkbox"/> 3 Phase, 4 wire delta, 120/240V
Generator / Transfer Switch (Check all that apply)				
<input type="checkbox"/> Transfer Switch	<input type="checkbox"/> _____ amps	<input type="checkbox"/> Generator	<input type="checkbox"/> _____ KW	

Part E	CONTRACTORS JOB DESCRIPTION / SCOPE OF WORK
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Complete Job Description and List of Equipment to be Inspected (Attach Additional Pages if Needed):

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