



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.
APPLICATION FOR MECHANICAL INSPECTION

App.
No.:

APPLICANT: PLEASE PRINT FIRMLY.		Permit # _____	Date _____
Municipality _____	County _____	State _____	
Lot _____	Street Address _____		Zip _____
Owner _____		Occupant _____	
Occupied As _____			
Authorized Agent _____		Phone # _____	
Applicant's Signature _____		Applicant has read and agrees to terms and conditions on reverse side.	
T/A _____		License # _____	
Applicant's Address _____		Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL	
City _____		Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B	
State _____		III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B	
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		
Electric	A/C	Dryer Exhaust	Value Mechanical Bid		
Natural Gas	Solid Fuel Burning	Boiler	\$		
Oil	Fireplace - Masonry	Refrigeration			
Mech. Ventilation	Fireplace - Factory Built	Furnace	Other:		
Duct System	Exhaust	Heaters	Cooking Appliances		
Chimney & Vents	Hazardous Exhaust	Chillers	Water Heater		

FOR AGENCY USE ONLY:		COMMERCIAL	Fee	RESIDENTIAL	Fee				
A.	Value of mechanical bid _____ x \$			O.	Single family dwelling				
B.	Boiler			P.	Townhouse/condo # units				
C.	Water heater (100 gal. or more)			Q.	Industrialized/manufactured				
D.	Air handling units/chillers			R.	Multi-family # units				
E.	Pumps, fans water heaters (Less than 100 gal.)			S.	Detached accessory structures (Over 500 sq. ft.)				
F.	Underground snow melt systems			T.	Other				
G.	Kitchen exhaust/per hood unit				Code	Date	Insp. initials and #	Approved	Rejected
H.	Grease removal system				Plan Review				
I.	Gas/oil piping system				Underground				
J.	Solar heating/cooling				Rough-in				
K.	Flammable/combustible liquid				Testing by Permit holder				
L.	Dust collector				Testing by Permit holder				
M.	Other				Final				
N.	Plan Review				Other				
SUBTOTAL COMMERCIAL									
SUBTOTAL RESIDENTIAL				Notified / Date					
TOTAL FEE:			\$ _____	Municipality	Applicant	Contractor	Lender	Owner	



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.
No.:

APPLICATION FOR PLUMBING 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>			Municipal water <input type="checkbox"/> Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION Municipal sewer <input type="checkbox"/> Use & Occupancy Class. (IBC Chap. 3) - _____ Septic system <input type="checkbox"/> Well water <input type="checkbox"/>					
T/A		License #						
Applicant's Address								
City	State	Zip Code						
Phone #								
LIST ALL EQUIPMENT BELOW:			CALL 24 HOURS PRIOR TO INSPECTION					
	Sewer Lateral		Urinal		Grease Trap		Back Flow Preventor	
	Water Lateral		Kitchen Sink		Slop Sink		Other:	
	Bathub		Dishwasher		Sewage Ejector			
	Lavatories		Garbage Disposal		Floor Drain			
	Shower Stall		Laundry Tray		Water Heater			
	Water Closet		Clothes Washer		Drinking Fountain			
FOR AGENCY USE ONLY:				Code	Date	Insp. initials and #	Approved	Rejected
COMMERCIAL			Fee	Plan Review				
A.	# fixtures			Underground				
B.	Sewer lateral			Rough-in				
C.	Water lateral			Testing by Permit holder - water				
D.	Other			Testing by Permit holder - sewer				
RESIDENTIAL				Final				
E.	# bathrooms			Other				
F.	Sewer lateral							
G.	Water lateral							
H.	Other							
I.	Plan Review			Notified / Date				
TOTAL FEE:			\$	Municipality	Applicant	Contractor	Lender	Owner
Fee Paid <input type="checkbox"/>			Check #					



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 Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B Use & Occupancy Class. (IBC Chap. 3) - _____ Fire Suppression System - <input type="checkbox"/> YES <input type="checkbox"/> NO		
T/A		License #			
Applicant's Address					
City	State	Zip Code			
Phone #					
LIST ALL EQUIPMENT BELOW:			CALL 24 HOURS PRIOR TO INSPECTION		
	New Construction Sq. Ft.		Fence		Roof
	Renovations, Alterations Sq. Ft.		Deck		Demolition
	Fireplace		Shed		Swimming Pools In Ground Above Ground
	Woodburning Stove		SFD - # bedrooms		
FOR AGENCY USE ONLY:				Code	Date
			Fee	Insp. initials and #	Approved
				Rejected	
COMMERCIAL			Plan Review		
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	Lender	Owner
Fee Paid <input type="checkbox"/>			Check #		