



40 Nottingham Drive, Middle Island, NY 11953
 Phone 631.495.8136 / Fax 631.980.6455

REQUEST FOR INSPECTION FAX FORM

From: _____ Date: _____

License No. _____

JOBSITE INFORMATION
 (* indicates required information)

- *Name:
- *Address:
- Cross Street:
- *Phone:
- Permit No.:
- Hagstrom map:

Tax map:
 District: _____ Section: _____ Block: _____ Lot: _____

BRIEF DESCRIPTION OF WORK

Print Clearly: _____

(Please Circle All That Apply)

*Is job ready for inspection: Yes / No Rough In Final

*Do you need a Temp: Yes / No

Temp Information:

*Service Size: 1Phase 3Phase 100 150 200 300 350 400 Other:

*New Service Re-connect Underground Number of Meters Change of Service Overhead

*Fax Temp to LIPA Fax Temp to Contractor Fax Temp to Contractor and LIPA

Additional Information: