TOWN OF EASTHAM
2500 State Highway
Eastham, MA 02642

(508) 240-5900 x 233
(508) 240-5918 fax

Inspector of Wires
Wallace Adams

REQUEST FOR ELECTRICAL INSPECTION

DATE: _____

DATE OF INSPECTION REQUESTED: _____

OWNER: _____

JOB LOCATION: _____

ELECTRICIAN: _____ **PHONE:** _____

PERMIT # AND ISSUE DATE: _____

TYPE OF INSPECTION REQUESTED:

☐ **TRENCH (Time trench will be open)** _____

☐ **SERVICE** ☐ **ROUGH WIRE**

☐ **FINAL** ☐ **OTHER** _____

☐ **SOMEONE WILL BE PRESENT**

☐ **NO ONE HOME BUT O.K. TO ENTER**

☐ **IF LOCKED, LOCATION OF KEY** _____

_____

_____

Electrician Signature

A digital Signature is legal and binding. By typing your name you are electronically signing this form.

PLEASE NOTE: FAILURE TO COMPLETE FORM MAY RESULT IN DELAYED INSPECTION - IT IS THE RESPONSIBILITY OF THE ELECTRICIAN TO ARRANGE FOR INSPECTION - WE DO NOT CONTACT THE HOMEOWNER. Building Dept (5O8) 24O-59OO