



Manual Application for:
Electrical Inspection Not Required by Law Inspection Or
Fire & Accident Electrical Inspection
Electrical Examining Board
6200 Park Avenue, Suite 100, Des Moines IA 50321
(515) 725-6147, elecinfo@dia.iowa.gov

Fill out the following information to create your electrical inspection not required by law or your fire or accident electrical inspection. Please keep copy for your records and send us the original.

****This form is for inspection purposes only and does not qualify as a permit for electrical projects.****
(See Electrical Permit Manual Application for Electrical Permits)

Are you A:

Homeowner: ☐ **Farmer:** ☐ **Contractor:** ☐

First Name: _____

Last Name: _____

Phone: _____

E-Mail (If available): _____

Your Mailing Address:

State Contractor Electrical License Number (If applicable): _____

Permit Information:

Project Title and/or Owner Name: _____

Project Type: ☐ Residential ☐ Commercial ☐ Farm ☐ Industrial

Project Address: _____

City: _____

Postal Zip Code: _____

Property Type: ☐ Addition ☐ New ☐ Non Structural ☐ Renovation ☐ Service Update ☐ Solar

Project Inside City Limits: ☐ Yes ☐ No

Utility Company Name Servicing Property: _____

Utility Company Phone Number: _____

Reason for Inspection:

To Request an Electrical Inspection Not Required By Law:

Request by a property owner

Enter the number of structures (minimum of one), and branch circuit or feeders needing inspection.

- Number of Structures to be Inspected _____ x \$30.00 = _____
- Number of Branch Circuits or Feeders to be Inspected _____ x \$5.00 = _____
- Total Cost of Inspection _____ = _____

Inspection Request Information:

Please fill out the following information so that we can schedule the inspection.

- Note, the inspector has 3 business days from the date of receipt of inspection request, to perform the inspection. If you schedule an inspection further out then 3 days, the inspection will be performed on the date requested if possible. The inspector will contact you to make arrangements to perform the inspection.

Onsite Contact Name: _____

Onsite Contact Phone Number: _____

Onsite Contact Role: ☐ Contractor ☐ Electrician ☐ Property Owner

Earliest Inspection Start Date: _____

Notes to Inspector: