



Form L
GOVERNMENT OF THE BRITISH VIRGIN ISLANDS

Request for Electrical Inspection

Date: _____

Electrician's Name: _____ Phone No.: _____
(print)

Signature Class/Elect. No.

Owner/Agent: _____

Job Site Address: _____

- Partial Inspection Additional Inspection Final Inspection
 Re-Inspection Remodel Inspection Temporary Inspection

Type of Structure: **Residential** **Commercial**
 1-5-\$20.00 1-5-\$30.00
 6-10-\$30.00 6-10-\$40.00
 11-15-\$40.00 11-15-\$55.00
 16-20-\$50.00 16-20-\$70.00
additional breakers exceeding (20) \$3.00 ea: _____ additional breakers exceeding (20) \$3.00 ea: _____

- Building Condition**
 New
 Existing
 Disconnected Over (6) months

Standby Generator: yes no
Standby Generator Fee: \$50.00

Total Due: _____ **Approximate Date of Inspection:** _____
d/m/y

Remarks: _____