



Liquor License Application Form with Electrical Checklist

Cayman Islands Government
Department of Planning
P.O. Box 113
Grand Cayman KY1-9000
Phone: (345) 244-6501 Fax: (345) 769-2228
PLEASE SEND FORM TO: building.control@gov.ky

LLI #: _____

Subject to the National Electrical Code and the Electricity Law and Regulations.

This checklist is not intended to be all inclusive, but to assist in the installation passing the initial inspection.

Name of Premises: _____ Location: _____ Block: _____ Parcel: _____

Name of Licensee: _____ License #: _____ Contact #: _____

Type of License: _____ Mailing Address: _____

PANEL BOARDS

- | | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Panel schedules correct | <input type="checkbox"/> Breaker height (max 6' - 7" in the on position) | <input type="checkbox"/> No signs of overload circuits |
| <input type="checkbox"/> Sufficient clearance (no obstacles in front) | <input type="checkbox"/> Panel Cover(s) installed (no screws missing) | <input type="checkbox"/> No hazardous conditions |
| <input type="checkbox"/> Maximum 42 breakers | <input type="checkbox"/> Correct type and size breakers installed | <input type="checkbox"/> Correct type breakers |
| <input type="checkbox"/> Proper Terminations (all tighten) | <input type="checkbox"/> W/P Equipment outdoor | |

LIGHTING

- | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> No faulty or damage fixtures/switches | <input type="checkbox"/> All fixtures properly supported. | <input type="checkbox"/> Functional exit and emergency lights |
| <input type="checkbox"/> Proper type fixture (outdoor, indoor, storage) | <input type="checkbox"/> Fixture trims and shades installed | <input type="checkbox"/> Sufficient illumination in all areas |

RECEPTACLES

- | | | |
|---------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> All covers are installed | <input type="checkbox"/> GFCI (i.e. Outdoors, Kitchens, Baths, within 6ft of Sinks) | <input type="checkbox"/> Correct type and rating for installation |
|---------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|

GENERAL WIRING/EQUIPMENT

- | | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> No extension cords (except for temporary use) | <input type="checkbox"/> No unsafe cord and plug connections | <input type="checkbox"/> Junction boxes all covered |
| <input type="checkbox"/> No overloaded circuits. | <input type="checkbox"/> All disconnects properly identified/labeled | <input type="checkbox"/> Smoke detectors functional |
| <input type="checkbox"/> No damaged conductors. | <input type="checkbox"/> Proper conductor terminations | <input type="checkbox"/> Proper Grounding / Bonding |
| <input type="checkbox"/> Conductors properly identified | <input type="checkbox"/> Listed and proper rated equipment/devices | <input type="checkbox"/> Device covers installed |
| <input type="checkbox"/> No hazardous wiring | <input type="checkbox"/> Accessible / readily accessible disconnect(s) | <input type="checkbox"/> Breakers & fuses correctly size |
| <input type="checkbox"/> No exposed live wires or parts | <input type="checkbox"/> No faulty or damage devices or equipment | |
| <input type="checkbox"/> Functional bathroom extractor fans | | |

Deficiencies to be Amended:

Note: Owner or Agent is responsible for applying for reinspection upon completion of the above corrections.

OFFICAL USE ONLY	ELECTRICAL CONTRACTOR USE
Correction Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Company: _____ Phone No. _____
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Electrician's Name: _____ License No. _____
Electrical Inspector: _____	I hereby certify that the electrical work performed on the above noted premises is in conformance with the requirements of the National Electrical Code.
Signature: _____	Signature: _____