

County of Summit; Building Standards Division

1030 East Tallmadge Avenue

Akron, Ohio 44310

330.630.7280 330.630.7296 FAX

www.co.summit.oh.us/executive/bldgstds.htm

Visual Non-Serious Hazard Electrical Service Inspection Request

FEE: \$50.00 (Payable to "County of Summit")

Property Address: _____

Apartment / Suite Number: _____

Commercial / Residential

(Circle One)

Village / City: _____

Zip Code: _____

I request that Summit County Building Standards Department perform a visual non-serious hazard electrical service inspection on the above listed property, in order to restore the permanent electrical service. I understand this request shall require an interior inspection of the electrical service panel and associated components. This visual inspection is limited in nature, and only intended to verify the existing installation is intact and safe to energize.

Furthermore, if any repairs are needed I agree to contract with a properly registered Electrical Contractor in Summit County to perform the necessary corrections.

(Owner, Agent, Tenant)

Date: _____

Address: _____

Village / City: _____

Home #: _____

Cell #: _____

Signature: _____

Work Order #: _____

(Owner, Agent, Tenant)

Office Use Only:

Reference Number: _____

Payment Method: Check #: _____ Credit Card: _____ Cash: _____

Inspection Results: Pass Fail Release Date to Power Co. _____

Service Size: _____ amps Conductor Size: _____ OVD URD

Remarks: _____

Homeowner

Electrical Contractor