

Visual Non-Serious Hazard Electrical Service Inspection Request

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

Property Address: _____ Commercial / Residential
(Circle One)
Apartment / Suite Number: _____ Check Number: _____
Village / City: _____ Zip Code: _____

I request that Summit County Building Standards Department perform a visual non-serious hazard inspection on the above listed property, in order to restore the permanent electrical service. I understand this request will 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 contact a properly registered Electrical Contractor to perform the necessary corrections.

(Owner, Agent, Tenant) Date: _____

Address: _____ Village / City: _____

Home #: _____ Cell #: _____

Signature: _____ # of Units in Building: _____
(Owner, Agent, Tenant)

Office Use Only Reference Number: _____

Inspector's Name: _____ Date: _____

Inspection Results: PASS FAIL Date to Power Co. _____

Service Size: _____ amps Conductor Size: _____ OVD URD

Remarks: _____

_____ 10/09 jml