

Visual Non-Serious Hazard

Electrical Service Inspection Request

Fee: \$50.00 (Payable to City of North Canton)

Property Address: _____ Residential/Commercial (Circle One)

Apartment/Suite Number: _____ # of Units in Building _____

City/State/Zip Code: _____

I request the North Canton Building Department to 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. The 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 registered, City of North Canton, Electrical Contractor to perform the necessary corrections.

Owner, Agent, Tenant Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Signature: _____ Date: _____

Office Use Only:

Permit Number: _____

Inspectors Name: _____ Date: _____

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

Service Size: _____ Amps Conductor Size: _____ OVD _____ URD _____

Remarks: _____

