

Visual Non-Serious Hazard Electrical Service Inspection Request

FEE: \$50.00 (Payable to City of Massillon)

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

I request the Massillon Building 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 registered, City of Massillon, Electrical Contractor to perform the necessary corrections.

(Owner, Agent, Tenant) Date: _____

Address: _____ City: _____

Home #: _____ Cell #: _____

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

Official Use Only Reference Number: _____

Inspectors Name: _____ Date: _____

Inspection Results: Pass Fail Date to Power Co. _____

Service Size: _____ Amps Conductor Size: _____ OVD URD

Remarks: _____
