Building Standards Division · www.co.summit.oh.us 1030 East Tallmadge Avenue · Akron, Ohio 44310 · 330.630.7280 · fax 330.630.7296

| STATE OF OHIO |) | |
|------------------|-------|-----------------------|
| |) ss: | PROPERTY OWNER |
| COUNTY OF SUMMIT |) | |

AFFIDAVIT FOR REMOVAL OF REGISTERED CONTRACTOR

| l, | , (name) as the legal owner of the | property located at: |
|--|--|--------------------------|
| (property address listed on permit | t) | |
| have removed the Contractor | named:(contractor listed on permit) | |
| | (contractor listed on permit) | |
| for the work related to the follo | wing Permit No | t per Affidavit) |
| I agree to call Building Standar | rds and schedule a special inspection related to | the above Permit. |
| | op all work and I will not obtain another permit under the special inspection. | ıntil Building Standards |
| | AS OF TODAY'S DATE UNTIL BUILDING AND ISSUED A SPECIAL INSPECTION TO C | |
| Property Owner's Information Name: | | |
| Mailing Address: | | |
| | E-mail: | |
| X | | |
| Property Owner's Sign Printed Name: | nature | |
| SWORN TO AND SUBSCRIB | ED before me on this day of | , 20 |
| | Notary Public | |
| | Seal | |

Building Standards Staff:

- (i) Contractor was Mailed or E-Mailed Copy of this Affidavit
- (ii) Flag System: Special Inspection Required Before Closing Permit
- (iii) Scan to BS&A