COUNTY OF SUMMIT, OHIO

Ilene Shapiro, Executive

Building Standards Division · <u>buildingstandards.summitoh.net</u> · 1030 East Tallmadge Avenue · Akron, Ohio 44310 · 330.630.7280 · fax 330.630.7296

After-Hours Inspection Request Form

Date:	Permit #:		
FEE \$2	250.00 Payable at time	of request	
Project Location:		City:	
Specif	ic type of inspection r	equested:	
□ Building / Structural	□ Electrical	☐ Fire / Life-Safety	
□ HVAC / Mechanical	□ Plumbing	Other:	
Specific details for inspection	on request:	2/2	
Contractor Nam Authorized Sig Contact Name: Contact Number	nature:	tion:	
Date Requested:	Time	Preference: an	ı / pm

NOTES:

After-hours inspection request shall be scheduled a minimum of 72 hours (3 days) in advance. The contractor shall be responsible to provide safe access to the jobsite. Please allow a 2-hour window for inspector to arrive on-site.

Summit County Building Standards

Inspection Type:	Date:	Inspector:	Results:
- Jr			