



**City of Snellville**  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 2342 OAK ROAD, 2<sup>ND</sup> FLOOR  
 SNELLVILLE, GA 30078  
[www.snellville.org](http://www.snellville.org)

770.985.3513  
 770.985.3514

## UTILITY SAFETY INSPECTION REQUEST

CONTACT NAME: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS / OWNER  
 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSPECTION  
 ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX:  ELECTRIC ONLY (\$25)  GAS ONLY (\$25)

<p><b>RE INSPECTION FEE FOR ANY          FAILED INSPECTION <u>\$50.00</u></b></p>
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ELECTRIC & GAS (BOTH \$50)

SPECIAL ACCESS INSTRUCTIONS \_\_\_\_\_

**NEW BUSINESSES:** Before a Utility Safety Inspection is scheduled to restore power a Business License application must be submitted to Planning & Development.

**ACCESS REQUIREMENTS:** Access to both the exterior and interior of the premises is required by the Building Inspector. If the premises is locked, please make the necessary arrangements to have someone available to unlock the premises for access by the Building Inspector. (Inspections are usually performed during the hours of 8:00 a.m. to 5:00 p.m. Mon. Wed. and Fri.)

**APPROVALS:** Upon receiving confirmation of successful passage of the Utility Safety Inspection, the approval will be emailed to the appropriate utility(s). Please re-contact your utility provider to complete the request for service.

**INTERIOR REMODEL:** If you will be remodeling or making any improvements to the premises exterior and or interior that may require a Building Permit or separate Electrical Permit, Plumbing Permit, HVAC Permit, please discuss these proposed improvements with the Snellville Planning Department BEFORE submission of this form.

**NATIONAL CODE REQUIREMENTS:** The purpose of this inspection is to check for violations, damage and vandalism so that the power (and/or gas) may be restored. Passage of the Safety Inspection DOES NOT confer that the systems meet the current National Electrical Code and/or International Mechanical Code and/or International Fuel Gas Code requirements.

\_\_\_\_\_ Customer Name (Print)

\_\_\_\_\_ Signature

\_\_\_\_\_ Date