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POWER RECONNECTION INSPECTION REQUEST

By submitting this request for a power reconnection inspection, the undersigned acknowledges the following: (1) Applicant will be performing no renovation or construction work at the address; and (2) If the inspection results in the need for repair work to be performed in order to have power reconnected, Applicant acknowledges that a licensed electrician will have to acquire an electrical permit from Cherokee County to complete such repairs.

PROJECT

Job Site Address				Permit#
Subdivision	Lot	Suite	City	Zip
Description of work				

CONTACT INFORMATION

Applicant Name (print)		Phone
Electrical Contractor Name		
Email		
State License Number		Exp. Date
Company/Owner Name		Bus. Phone
Company/Owner Address		
Company/Owner Email		

This request for power reconnection is required by the applicable power company in order to reconnect power to the site address. Cherokee County will perform an inspection for life safety concerns only. Applicant acknowledges that Applicant shall be solely responsible for any and all issues that may result when power is restored to the site address.

AUTHORIZED SIGNATURES

 Name of Applicant or Electrician

 SIGNATURE

 DATE

THIS _____ day of _____, 20 _____

 Notary Public - Please notarize with official seal

seal