SNELLVILLE
Planning and Development

The City of Snellville
Planning & Development Department
2342 Oak Road 2ND Floor
Snellville, GA 30078
www.snellville.gov

(770) 985-3513
(770) 985-3514

UTILITY SAFETY INSPECTION REQUEST

MUST BE BROUGHT IN WITH PAYMENT OR MAILED

FEES: ELECTRIC $50 * GAS $50 * ELECTRIC & GAS $100

CUSTOMER NAME: _____ PHONE: _____

BUSINESS NAME: _____ SHOPPING CENTER: _____

INSPECTION ADDRESS: _____ SUITE: _____

UTILITY & MECHANICAL DEVICES TO INSPECT (check one): ☐ ELECTRIC (ONLY) ☐ GAS (ONLY)
☐ ELECTRIC & GAS (BOTH)

SPECIAL INSTRUCTIONS _____

_____

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 usually performed during the hours of 8:00 am to 5:00 pm, Mon., Wed., and Fri.)

UTILITY APPROVAL: Upon receiving confirmation of successful passage of the Utility Safety Inspection, a Utility Approval will be faxed to the appropriate utility(s). Please re-contact your utility provider to complete your request for service.

CERTIFICATE OF OCCUPANCY: Once utilities have been restored, please contact the Gwinnett County Fire Marshal's office (678-518-6100) to request at Certificate of Occupancy Inspection. Upon receipt of the Certificate of Occupancy, please bring the original to the City of Snellville, Planning and Development Department when applying for a Business License.

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 the Utility Safety Inspection Request.

_____ _____ _____

CUSTOMER NAME (Printed) SIGNATURE DATE

INSPECTED BY: _____ DATE: _____ WEMC APPROVAL #: _____ AGL APPROVAL #: _____ DATE FAXED: _____