

**STARK COUNTY BUILDING DEPARTMENT  
110 CENTRAL PLAZA, S.  
SUITE 150  
CANTON, OH 44702  
PH. (330) 451-1770**

Request for Temporary Electrical Service at \_\_\_\_\_

By \_\_\_\_\_  
(Owner/Contractor)

**I understand that I am waiving plan review on the above temporary electrical service. I agree to comply with the National Electrical Code and am subject to a field inspection. I agree to make any necessary corrections required by the electrical inspector.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Owner, Agent, Contractor

**TEMPORARY POLES MUST HAVE CORRECT ADDRESS  
POSTED ON THEM.**