



ELECTRICAL PERMIT APPLICATION

JOB ADDRESS: _____ **PERMIT #** _____

Pursuant to F.S. 553.721 & F.S. 468.631, a surcharge fee will be collected on any permit regulated under the FBC

VALUE OF WORK \$ _____

NEW SERVICE

- Residential (Main) Service Size** _____ amps # of Meters _____
- Multi-Family (Main) Service Size** _____ amps # of Unit Meters _____
- Commercial (Main) Service Size** _____ amps # of Meters _____
- Commercial CT Service Size** _____ amps

TEMPORARY POLE _____ amps

SERVICE UPGRADE _____ amps CT Service _____ amps

NEW FEEDER (ADDITIONS, ACCESSORY STRUCTURES, ETC.)

- _____ amps CT Service _____ amps

ADDITIONS, REMODELS, REPAIRS, BUILD-OUTS, ACCESSORY STRUCTURES, ETC.

Outlets/Switches: _____ 0-30amps _____ 31-100amps _____ 101-200amps

Appliances: _____ 0-30amps _____ 31-100amps _____ 101-200amps

A/C Circuits: _____ 0-60amps _____ 61-100amps

Heat Circuits: _____ # circuits @ _____ kw

Number of Lighting Outlets, Including Fixtures: _____

OTHER ELECTRICAL PROJECTS

- Swimming Pool Sign _____ Qty Smoke Detectors _____ Qty Transformers _____ KVA Motors _____ hp

FIRE ALARM SYSTEM (Plan Review Required. Submit three (3) sets of plans & Fire Alarm Checklist)

- Qty _____ volts/amps _____

REPAIRS/MISCELLANEOUS

- Low Voltage Replace Burnt/Damaged Meter Can Safety Inspection Panel Change OH to UG
- Other: _____

Permit becomes void if work is not done during six month period. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Tenant Name (if applicable) _____

Property Owners Name _____ Phone Number _____

Electrical Co. Name _____ Office Phone _____ Fax _____

Co. Address _____ City _____ State _____ Zip _____

E-Mail Address _____

License Holder (Print): _____ **State Certification/Registration #** _____

Notarized Signature of License Holder _____

(Affix Notary Seal Below)

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____

Notary Public Signature _____

Notary Name: _____ Personally Known /Identification: _____