



# Building Permit Application ELECTRICAL

Escambia County, FL

<b>ELECTRICAL PERMIT NO.:</b>
<b>BUILDING PERMIT NO.:</b>
<b>DATE:</b>

<b>Job Address:</b>	<b>Floor/Unit No.:</b>
<b>Contractor:</b>	<b>Phone No.:</b>
<b>Owner:</b>	<b>Phone No.:</b>
<b>Size of Service:</b>	<b>Phases:</b>
<b>Size of Amps:</b>	<b>Number of Inspections:</b>
<b>Type of Building or Structure</b>	<input type="checkbox"/> Existing <input type="checkbox"/> New
<b>Type of Service:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
<b>SCHEDULE INSPECTION</b> <input type="checkbox"/>	<input type="checkbox"/> Repair/Replace <input type="checkbox"/> New Installation
<b>Cost of Construction:</b>	<input type="checkbox"/> Other:

<b>Check the following that apply</b>	<input type="checkbox"/> New Service	<input type="checkbox"/> Service Repair	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Low Voltage
	<input type="checkbox"/> Service Repair (Cold Service)	<input type="checkbox"/> Motors	<input type="checkbox"/> Change of Occupancy	
	<input type="checkbox"/> Service Change: Increase from _____ to _____			
	<input type="checkbox"/> Renovations or Additions: (Number of Square Feet) _____			
	<input type="checkbox"/> Temp Power Pole	<input type="checkbox"/> Sign	<input type="checkbox"/> Mobile Home Hook-up	
	<input type="checkbox"/> Other: (Specify)			

**SCOPE OF WORK:**

**Driving Directions:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.**

<b>Signature of Owner or Agent:</b>	<b>Date:</b>	<b>Signature of Contractor:</b>	<b>Date:</b>
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**Notary as to Owner or Agent:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_, who is/is not personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY

Printed Name of Notary: \_\_\_\_\_

**Comm. Expires:**

**Notary as to Contractor:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_, who is/is not personally known to me and produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY

Printed Name of Notary: \_\_\_\_\_

**Comm. Expires:**

**Contractor's License No.:** \_\_\_\_\_

<b>Escrow Acct. No.</b>
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