



# Electrical Security System

Permit Application  
Escambia County, Florida

Permit Number:

Job Address:	Owner Phone No.:
Property Owner:	Contractor Phone No.:
Contractor:	Contractor Fax No.:

Work Classification:	New	Addition	Repair	Pre-Wire	Trim-Out
Application Type:	Residential		Commercial		
Total Number of Floors:	_____				
Total Number of Security Devices:	_____				

Remarks or Comments:
Driving Directions:

Escrow Account Number:	Date:
Applicant Signature:	

\*\*\* County License Number and Escrow Account Number MUST be included for processing\*\*\*