

CITY OF PAHOKEE

BUILDING & PLANNING * 207 BEGONIA DRIVE * PAHOKEE FL, 33476* PH 561-924-5534* FAX 561-924-8140



ELECTRICAL PERMIT APPLICATION

ELEC PERMIT #	PRIMARY PERMIT #	DATE
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LOCATION OF PROPOSED IMPROVEMENT						OWNER OF PROPERTY								
ADDRESS						NAME								
FLOOR/BAY/SUITE						ADDRESS								
SUBDIVISION						CITY			ST			ZIP		
LOT			BLOCK			HOME # ()			CELL # ()					
48						WORK # ()			FAX # ()					

CONTRACTOR INFORMATION														
COMPANY NAME						QUALIFIER			LICENSE #					
ADDRESS						CITY			ST			ZIP		
WORK # ()				CELL # ()				FAX # ()						

DESCRIBE PROJECT IN DETAIL								TYPE OF PERMIT							
								<input type="checkbox"/> FIRE ALARM		<input type="checkbox"/> SERVICE CHANGE		<input type="checkbox"/> REWIRE			
								<input type="checkbox"/> BURGLAR ALARM		<input type="checkbox"/> TEMPORARY SERVICE		<input type="checkbox"/> SAFETY CHECK			
								<input type="checkbox"/> CENTRAL VACUUM		<input type="checkbox"/> REPLACE METER CAN		<input type="checkbox"/> SITE LIGHTING			
								<input type="checkbox"/> SWIMMING POOL		<input type="checkbox"/> FIRE REPAIR		<input type="checkbox"/> OTHER			
								<input type="checkbox"/> SERVICE UPGRADE		<input type="checkbox"/> NEW SERVICE					
TOTAL COST OF PROJECT \$								<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL 1 or 2 <input type="checkbox"/> RESIDENTIAL 3 OR MORE							
CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	SF	CONDO	MOBILE	DUPLEX	GARAGE	APT	OTHER	

PLEASE COMPLETE ALL NECESSARY SECTIONS											
TYPE OF SERVICE			OVERHEAD			UNDERGROUND			UNDERGROUND UP POLE		
NEW SERVICE			CONDUCTORS PER PHASE			POWER ON			POWER OFF		
TRANSFORMERS/GENERATORS			# UNITS		COMP MOTOR HP RATING			AMPS		HEAT KW	
SWITCH OR BREAKER SIZE			AMPS		PH		W		VOLT		RACEWAY SIZE
EXISTING SERVICE SIZE			AMPS		PH		W		VOLT		RACEWAY SIZE
FEEDERS			#		AMPS		#		AMPS		AMPS
RECEPTACLES			0-30 AMPS			31-100 AMPS			101-200 AMPS		
SWITCHES			0-30 AMPS			31-100 AMPS			101-200 AMPS		
AIR CONDITIONING			# UNITS		COMP MOTOR HP RATING			AMPS		HEAT KW	
SIZE OF CONDUCTOR			AMPLICITY			COPPER			ALUMINUM		

THE FOLLOWING INFORMATION AND NOTARIZATION OF OWNER/AGENT AND CONTRACTOR SIGNATURE IS REQUIRED IF THE TOTAL COST OF ALL IMPROVEMENTS (AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMITS) IS \$2500 OR MORE. PLEASE ADDRESS FOLLOWING INFORMATION.

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT (AKA MECHANIC LIEN LAW) AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY (IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT)

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED ABOVE, AND ON THE ATTACHED ADDENDU (ID APPLICABLE). I CERTIFY THAT ALL THE WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT THE SEPARATE PERMITS ARE REQUIRED FOR STRUCTURAL, ELECTRICAL, PLUMBING, SIGNS, ROOFING, MECHANICAL, AND INSULATION WORK. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. PERMIT WILL BE CONSIDERED OR ABANDONED IF IT DOES NOT PASS INSPECTION WITHIN 180 DAYS.

OWNER BUILDER DISCLOSURE STATEMENT (489.103 FS.)
 State law requires construction to be done by a licensed contractor. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision for the construction yourself. The building or residence must be for your own use and occupancy. It may not be built or substantially improved for lease or sale. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL THE WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING THE CONSTRUCTION AND ZONING. FURTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK.

OWNER/AGENT SIGNATURE _____ OWNER/AGENT PRINT _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)	CONTRACTOR SIGNATURE _____ CONTRACTOR PRINT _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)
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Reviews (Permit Cost)	Initial	Date	Receipt #	Comments
Planning				
Building				
Roofing				
Electrical				
A/C Mechanical				
Plumbing				
Gas				
Fire Marshall				
Zoning				
Plan Review				

PERMIT FEE	SURCHARGES	IMPACT FEE
EDUCATION FEE	PLAN REVIEW	TOTAL FEE \$