



ELECTRICAL PERMIT APPLICATION

100 NW 1st Avenue Delray Beach FL 33444
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Website: mydelraybeach.com

PROPERTY CONTROL #: - - - - -

PLEASE PRINT:

JOBSITE ADDRESS
PROPERTY OWNER NAME
HOME PHONE () CELL
PROPERTY OWNER ADDRESS
ELECTRICAL CONT'R (COMPANY) NAME
ELECTRICAL CONT'R (COMPANY) ADDRESS
CITY ST ZIP
BUS. PHONE () CELL
FAX E-MAIL

FOR OFFICE USE ONLY:

BLDG. PERMIT #:
ELEC. PERMIT #:
PERMIT FEE:
PLAN CHECK FEE:
MCR #:

APPROVALS:
ELEC: DATE:
FIRE: DATE:

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

TYPE OF INSTALLATION (PLEASE CHECK ALL WORK TO BE PERFORMED BY A SINGLE ELECTRICAL CONTRACTOR. EACH SEPARATE COST TO INCLUDE LABOR & MATERIAL)
NEW CONSTRUCTION / \$
ALTERATION / \$
POOL/SPA (SEPARATE APP) / \$
GENERAL REPAIR / \$
GENERATOR / \$
SLAB INCLUDED? Y N (SEPARATE APP)
SITE LIGHTING / \$
FIRE ALARM (3 SETS OF PLANS REQD) / \$
TEMP. SERVICE/POLE / \$
LOW VOLTAGE:
BURGLAR ALARM / \$
VOICE, DATA, ETC. / \$
SERVICE CHANGE / \$
EXISTING SERVICE SIZE:
PROPOSED SERVICE SIZE:

DESCRIPTION OF WORK (Scope of work, # devices, etc.):

SIGNATURE OF QUALIFIER CONTR. REGISTRATION # WORKERS COMP # OR EXEMPT (FID /FEIN) #

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this day of , 20 by .

Personally Known
OR
Produced Identification
Type of Identification Produced

Signature of Notary Public

(SEAL)