

TOWN OF PENNEY FARMS, FLORIDA

Tel: 904-529-9078 4100 CLARK AVENUE - P O BOX 1041
 Fax: 904-284-4405 PENNEY FARMS, FLORIDA 32079

PERMIT # _____

 (County Reference Number)

ELECTRICAL PERMIT APPLICATION

Owner:		Phone:	
Address:		City:	Zip:
Contractor:		EMAIL:	
Address:		City:	State: Zip:
PROJECT	Parcel Number:		
LOCATION	Street Address: :	City:	State: Zip:

CHARACTERISTICS OF PROPOSED ELECTRICAL WORK – ALL APPLICANTS COMPLETE PARTS A, B, & C

A. USE OF BUILDING RESIDENTIAL 1. <input type="checkbox"/> One Family 2. <input type="checkbox"/> Two or More Families Enter Number of Units _____ 3. <input type="checkbox"/> Transient Hotel, Motel Rooming House Enter Number of Units _____ 4. <input type="checkbox"/> Mobile Home 5. <input type="checkbox"/> Other Residential _____ _____ _____	NON-RESIDENTIAL 6. <input type="checkbox"/> Amusement, Recreational 7. <input type="checkbox"/> Church, Other Religious 8. <input type="checkbox"/> Industrial 9. <input type="checkbox"/> Garage, Service Station 10. <input type="checkbox"/> Office, Bank Professional 11. <input type="checkbox"/> School Library Educational 12. <input type="checkbox"/> Store Mercantile 13. <input type="checkbox"/> Other _____	B OWNERSHIP 14. <input type="checkbox"/> Private Individual Corporation Nonprofit Institution, Etc. 15. <input type="checkbox"/> Public (Federal, State or Local Governments C. NATURE OF WORK 16. <input type="checkbox"/> New Bldg 20. <input type="checkbox"/> New Svc 17. <input type="checkbox"/> Old Bldg 21. <input type="checkbox"/> Incr Svc 18. <input type="checkbox"/> Rewire 22. <input type="checkbox"/> Repair 19. <input type="checkbox"/> Addition 23. <input type="checkbox"/> Sign
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RESIDENTIAL	PERMIT FEE	COMMERCIAL	PERMIT FEE
Amp Service Central Air Condi. Electric Heat Temporary Pole Additional Amp Service Additional Lights Additional Switches Additional Receptacles Safety Inspection Minimum Fee SUB TOTAL..... Florida State Surcharge TOTAL PERMIT FEE	\$ _____ \$ _____ \$ _____	Temporary Pole Amp Service Number Receptacles Number Lights Other Fixtures Requiring Elec Connection SUB TOTAL..... Florida State Surcharge TOTAL PERMIT FEE	_____ _____ _____ _____ _____ _____ \$ _____

JOB VALUE \$ _____	**** PAID **** Permit Fee _____ Surcharge _____ TOTAL PAID _____ DATE _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Additional Information:	

NOTE: 1.) Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work. **2.)** Permits become null and void if work or construction authorized is not commenced within one (1) year or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. **3.)** OWNER'S FAILURE TO RECORD A NOTICE OF COMMENCEMENT 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.

I hereby certify that I have read and examined this permit and know the same to be complete and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ (Owner Signature)	_____ (Date)	_____ (License Holder Signature)	_____ (Date)
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Date Permit Issued: _____ Date Permit Completed: _____