



**City of Pembroke Pines
Building Division
ELECTRICAL PERMIT APPLICATION**

NOTICE: YOU MUST CALL FOR A FINAL INSPECTION. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS. Inspections will be made on or about the following day after request. Time Limitation – FBC, Chapter 1 Broward County. Plans must be on job before inspections will be made. Obtain certificate of occupancy from Department before using completed building.

Latest revision: 3/15/2006

(Information in "BOLD" outline must be completed)

DATE: _____ FOLIO# _____

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

JOB NO. _____

APPLICATION NO. _____

PERMIT NO. _____

MASTER NO. _____

Note: Job value to be entered by applicant. Job value equals contract price; "Contract price" is defined by FL Statute 713.01(6) (copy available upon request).

JOB VALUE \$ _____

RESIDENTIAL Lot/Unit: _____ Block /Parcel (Bldg): _____

SUBDIVISION: _____

JOB ADDRESS: _____

BUILDING INFO: (Check and fill in for EXISTING or NEW)

If Existing: Addition _____ New _____
Alteration _____ Repair _____

If New: # of Bedrooms _____ # of Baths _____
of Stories _____

DESCRIPTION OF WORK: _____

NON-RESIDENTIAL Bay/Suite/Unit #: _____

JOB NAME: _____

ADDRESS: _____

CENTER/BLDG. NAME: _____

BUILDING INFO: (Check and fill in for EXISTING or NEW)

If Existing: Repair _____ Alteration _____
Completion _____ Addition _____

If New: # of Offices/Bays _____ # of Stories _____

DESCRIPTION OF WORK: _____

FIELD CHECK REQUIRED

PERMIT APPROVED BY _____ DATE _____

JOB DATA		
ITEMS	QUANTITY	FEE
TEMPORARY - 30 DAYS		
TEMPORARY SERVICE		
SERVICE CHANGE		
SIZE OF MAIN SWITCH (NEW SERV.)		
PANELS		
SWIMMING POOLS / SPA		
POOL HEATER-ELECTRIC KW		
POOL HEATER - HEAT PUMP HP		
MOTORS		
A/C (TON)		
HEAT STRIPS KW		
220V SPECIAL PURPOSE OUTLET		
110V SPECIAL PURPOSE OUTLET		
SWITCH OUTLETS		
RECEPTACLES		
FIXTURES		
SIGNS		
SMOKE DETECTORS		
SITE LIGHTING		
FIRE ALARM		
TV OUTLETS		
PHONES		
BURGLAR ALARM		
INTERCOM		
VACUUM SYSTEM		
SOUND SYSTEM		
COMPUTER / DATA		
SPRINKLER PUMP HOOK-UP/RES.		
MISCELLANEOUS		
CONSTRUCTION TRAILER HOOK-UP		
RECORD RETRIEVAL FEE		
BRA FEE		
TOTAL FEE		

Permits required from other governmental entities such as water management districts, state agencies or federal agencies. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of laws regulating construction in this jurisdiction. **I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DUMPSTER ENCLOSURES, ROOFING, SCREEN ENCLOSURES, FENCES, PAINT BOOTHS, AWNINGS, etc.** Upon signing, the applicant agrees that as a condition for obtaining this permit, the applicant shall deliver required statements pursuant to Section 713.135, F.S. as may be amended from time to time, to the person whose right, title, and interest is subject to the attachment. The applicant acknowledges that he/she has been provided with two (2) copies of a Notice of Commencement and Summary of Construction Lien Law in accordance with 713.135, F.S. (Copy of Florida Statutes referenced are available upon request.) **WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS ON YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature _____ Owner (if acting as owner/builder) OR Contractor Number

State of Florida, County of Broward

Print Name of person signing document _____

Sworn to (or affirmed) and subscribed before me this ____/____/____ Cert. of Comp. or State

Who is personally known _____

OR Produced ID _____

Notary Public Signature

Notary Stamp

Clerk's Init.	Submittal Date:	Check No.	Application Issued By:	Receipt No.	Permit No.
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