



CITY OF PORT ORANGE

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
(386) 506-5600 FAX (386) 506-5699

ELECTRICAL PERMIT NO.: _____

BUILDING PERMIT NO.: _____

Note: The Building Permit Number is required if the proposed work is associated with any construction or alteration where a Building Permit has been issued.

RECEIVED BY:

PROCESSED BY:

APPLICATION FOR ELECTRICAL PERMIT

****EFFECTIVE IS THE 2007 FLORIDA BUILDING CODE WITH 2009 SUPPLEMENTS ****
**** 2005 National Electrical Code ****

JOB INFORMATION:

ADDRESS: _____

TAX PARCEL NUMBER: _____

SUBDIVISION NAME: _____

OWNED BY: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NO. _____

FAX: _____

EMAIL ADDRESS: _____

SOME AREAS HAVE PRIVATE DEED COVENANTS AND RESTRICTIONS ON BUILDING ACTIVITY. A CITY PERMIT IS ONLY TO ENSURE COMPLIANCE TO CITY AND STATE CODES. THE OWNER IS RESPONSIBLE FOR OBTAINING ANY PRIVATE ASSOCIATION APPROVAL BEFORE WORK IS STARTED.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME OF QUALIFIER (PLEASE PRINT) _____

ADDRESS: _____

BUSINESS NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

CONTINUED ON OTHER SIDE

