

DATE _____

TO: City of St. Augustine
P.O. Box 210
St. Augustine, FL 32085
Fax: (904) 209-4335

SUBJECT: Request for Electric Power necessary to check out equipment prior to all final inspections and occupancy of the building.

BUILDING ADDRESS: _____

BUILDING PERMIT NO.: _____

The undersigned hereby requests that the electric service to the above named building be connected.

NOTE: IT IS MUTUALLY AGREED BY ALL PARTIES SIGNING THIS REQUEST THAT THE ELECTRICAL POWER WILL BE DISCONTINUED WITHOUT NOTICE IF THE BUILDING IS OCCUPIED BY EITHER THE OWNER AND/OR TENANT PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY AND USE PERMIT, OR IF THE BUILDING PERMIT EXPIRES PRIOR TO THE FINAL INSPECTIONS AND APPROVALS BY THE BUILDING OFFICIAL.

The City may authorize the electrical power to be disconnected without notice if a Certificate of Occupancy is not issued on or before _____.

The undersigned qualifier certifies that the electrical system for this building meets code and is safe to energize and occupy.

Print General Contractor Name

Name of Electrical Contractor

Signature of General Contractor

Print Electrical Qualifier Name

Signature of Electrical Qualifier