CITY OF LIGHTHOUSE POINT
BUILDING/ZONING ENFORCEMENT DIVISION
ELECTRICAL PERMIT APPLICATION

PERMIT NO. _____
DATE _____
CHECK NO. _____

OFFICE USE ONLY

Rev. 1/03

FOLIO NO.

OWNER'S

OWNER'S ADDRESS

CITY ZIP PHONE

CONTRACTING FIRM

MAILING ADDRESS

CITY ZIP PHONE

JOB ADDRESS

LOT BLOCK SUBDIVISION

PRESENT USE ☐ SFR ☐ MFR ☐ COMMERCIAL

PROPOSED USE

NUMBER OF STORES OFFICES

FAMILIES BEDROOMS BATHS

TYPE OF WORK ☐ ADD ☐ NEW ☐ ALTER ☐ REPAIR

WORK DESCRIPTION:

Application is hereby made to obtain a permit to do the work and installations as hereon indicated. I certify that no work or installation has been effected prior to the issuance of said permit an dthat all work will be performed to meet the standards of all laws regulating construction in Lighthouse Point whether specified in this application and accompanying plans or not. I understand that a separate permit must be secured for AIR-CONDITIONERS, DECKS, DRIVEWAYS, ELECTRICAL, HEATERS, PLUMBING, SIGNS, POOLS, TANKS, ET CETERA.

CONTRACTOR/OWNER BUILDER AFFIDAVIT: I certify that all work will be done to comply to all Federal, State, and County laws, rules, regulations, and resolutions regulating construction and zoning and further state: That no violation exists on this property.

QUALIFIER'S OR OWNER-BUILDER NAME

(print) (sign)

State Reg. No _____ or Certificate of Competency No. _____

State of Florida
County of Broward

On this the _____ day of _____, 20_____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and whose name is subscribed to the within instrument, and he/she acknowledges that he/she executed it.

_____ Witness my hand and official seal
NOTARY PUBLIC, STATE OF FLORIDA

_____ NOTARY PUBLIC SEAL OF OFFICE
PRINTED NAME OF NOTARY PUBLIC

☐ Personally known to me or ☐ Produced identification

OWNER NAME

(print) (sign)

State of Florida
County of Broward

On this the _____ day of _____, 20_____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and whose name is subscribed to the within instrument, and he/she acknowledges that he/she executed it.

_____ Witness my hand and official seal
NOTARY PUBLIC, STATE OF FLORIDA

_____ NOTARY PUBLIC SEAL OF OFFICE
PRINTED NAME OF NOTARY PUBLIC

☐ Personally known to me or ☐ Produced identification

IF COST EXCEEDS $2,500 OWNER'S SIGNATURE IS REQUIRED

JOB DATA

ITEMS	QUANTITY	FEE
110V SPECIAL OUTLET		
220V SPECIAL OUTLET		
OUTLETS		
FIXTURES		
EM BATTERY PACK		
SMOKE DETECTOR		
LIGHT POLES		
A/C TON		
AIR HANDLER		
THERMOSTAT		
HEAT STRIPS		
MOTORS		
SERVICE		
TEMP. SERVICE		
FEEDERS		
EQUIP.		
SWIM POOL (COMPL.)		
	TOTAL	
	ADDED FEE	
	TOTAL AMOUNT DUE	

_____ _____
PLAN REVIEWER'S SIGNATURE VALUE OF JOB

FOR INSPECTIONS ONLY
Phone 954-784-3449 before 3:00 p.m.
Inspections will be made on or about the following day after request.

NOTICE: In addition to requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

NOTE:
- Time Limitation - Section 104.9.3 FBC
- Plans must be on job before inspections will be made.
- Obtain certificate of occupancy before using completed building.
- This application **MUST** have all information completed to avoid delays.

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT (A.K.A. MECHANICS LIEN LAW). YOUR FAILURE TO DO SO 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