

Permit Fee \$ _____
Plan Ck Fee \$ _____
Penalty Fee \$ _____
Fax Fee \$ _____
Total Fee \$ _____

City of Pensacola

Application for Electrical Permit

Permit Card Must Be Filled Out Completely

G. P. Rep _____
Date Released _____
Time Called _____
Clerk's Initials _____

Permit Type: _____ New Service _____ Change of Service _____ Temp Serv. Pole _____
 Sign Service _____ Existing Service _____ Fire Alarm _____ Burglar Alarm _____
 Communications _____ Fire Service _____ Pool _____ Spa / Hot Tub _____ Siding _____

Job Address _____ Unit # _____ Permit # _____ Date _____ Job Cost \$ _____ Bldg.
 Permit # _____ Electrical Contractor: _____ Telephone # _____
 Owner/Occupant/Contractor: _____ Telephone# _____

To Inspection Department: I hereby make application for permit to perform the work as described herein and that all provisions of the law shall be complied with whether specified there or not I understand that it is the owner's or contractor's responsibility to comply with the provisions of F.S. pertaining to asbestos.

Authorized Signature: _____ Contractor Lic.# _____

For Office Use Only

Date	Type	Action	Area	Inspector	Date	Type	Action	Area	Inspector
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Equipment Outlets

No. of Heat/AC/Hvac Units _____
 Disposal/Compactor _____
 Exhaust Fans _____
 Dishwasher _____
 Range Hoods _____
 Cook Top/Oven/ Range _____
 Microwave _____
 Dryer/Washer _____
 Whirlpool/Sauna _____
 Water Heater _____
 Elevator H.P _____
 H.P. of Motors _____
 No. of Transformers _____

Number of Inspections

Existing Service Amps _____
 Change of Service Amps from ___ to ___
 Temp Service Amps _____
 New Service Amps _____
 Total New Area Sq. Ft _____
 Sign Amps _____
 No. of Sub-Panels _____
 Residential _____
 Commercial _____
 No. Pole Lights _____
 Pool/Spa _____
 No. of Fire/Burglar Outlets _____
 No. of Phone/Computer Outlets _____

For Office Use Only

Service _____
Swimming Pool _____
Whirlpool _____
Whirlpool Tub GFI _____
Tub Access _____

Other:

_____ Repair to Code
 _____ Service Repair Cold Svc. _____
 _____ Siding Job

Notes: _____

