

**BUILDING CONTRACTOR AND OWNER**  
**TOP PORTION MUST BE COMPLETED FIRST**

We will not allow the building to be occupied until the electrical has been final inspected and final Building Inspection, C.O., T.C.O., or P.C.O. is approved. Violation of this agreement will result in an immediate disconnection of electrical power.

We are aware of being subject to prosecution under Chapter 1 of the Florida Building Code and the associated local municipal codes.

\_\_\_\_\_  
Building Qualifying Agent (Print) [**person**]

\_\_\_\_\_  
Property Owner Name (**Print**) [**person**]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address Phone #

State of \_\_\_\_\_

State of \_\_\_\_\_

The County of \_\_\_\_\_

The County of \_\_\_\_\_

Sworn to and subscribed before me

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_.

20 \_\_\_\_\_.

Personally known \_\_\_\_\_ ID \_\_\_\_\_  
Notary Public  
State of Florida  
My Commission Expires

Personally known \_\_\_\_\_ ID \_\_\_\_\_  
Notary Public  
State of Florida  
My Commission Expires

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC

**ELECTRICAL CONTRACTOR**

**BUILDING OCCUPIED** yes \_\_\_\_\_ no \_\_\_\_\_

DATE: \_\_\_\_\_

**Electrical Co.** \_\_\_\_\_

Mr. Jimmy Douglas, Supervisor  
Electrical Inspections  
City Hall  
220 E. Bay Street, Room 100  
Jacksonville, Florida 32202

**Name of Job** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Permit #** \_\_\_\_\_

Dear Sir:

I respectfully request that temporary power for the address listed above be cut on for testing purpose only.

I acknowledge by my signature below that I will be responsible for anything that may occur due to the energizing of the service prior to the final electrical inspection, and the approval and completion of the job.

**It is the customer responsibility to make application for power with the Utility Company.**

\_\_\_\_\_  
Electrical Qualifying Agent Name (Printed or Typed)

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

The County of \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_.

Personally known \_\_\_\_\_ ID \_\_\_\_\_  
Notary Public  
State of Florida  
My Commission Expires