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# ELECTRICAL PERMIT APPLICATION

(VALID FOR ELECTRICAL WORK ONLY)  
 TO BE SUBMITTED WITH ALL REQUIRED APPLICATIONS

PROPERTY CONTROL #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE PRINT:**

JOBSITE ADDRESS \_\_\_\_\_  
 PROPERTY OWNER NAME \_\_\_\_\_  
 HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_  
 PROPERTY OWNER ADDRESS \_\_\_\_\_  
 ELECTRICAL CONT'R (COMPANY) NAME \_\_\_\_\_  
 ELECTRICAL CONT'R (COMPANY) ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

FOR OFFICE USE ONLY:

BLDG. PERMIT #: _____
ELEC. PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____
*****
APPROVALS:
ELEC: _____ DATE: _____
FIRE: _____ DATE: _____

**NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.**

**TYPE OF INSTALLATION (PLEASE CHECK ALL WORK TO BE PERFORMED BY A SINGLE ELECTRICAL CONTRACTOR. EACH SEPARATE COST TO INCLUDE LABOR & MATERIAL)**

NEW CONSTRUCTION	√ / COST _____ / \$ _____	FIRE ALARM	√ / COST _____ / \$ _____
ALTERATION	_____ / \$ _____	(2 SETS OF PLANS REQD)	
POOL/SPA (SEPARATE APP)	_____ / \$ _____	IS THIS A WIRELESS SYSTEM? Y N	
GENERAL REPAIR	_____ / \$ _____	<b>*WIRELESS SYSTEMS – SEPARATE FORM REQUIRED</b>	
GENERATOR	_____ / \$ _____	LOW VOLTAGE:	
SLAB INCLUDED? Y N		BURGLAR ALARM	_____ / \$ _____
(SEPARATE APP)		VOICE, DATA, ETC.	_____ / \$ _____
SITE LIGHTING	_____ / \$ _____	SERVICE CHANGE	_____ / \$ _____
TEMP. SERVICE/POLE	_____ / \$ _____	EXISTING SERVICE SIZE: _____	
		PROPOSED SERVICE SIZE: _____	

DESCRIPTION OF WORK (Scope of work, # devices, etc.): \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF QUALIFIER                      CONTR. REGISTRATION #                      WORKERS COMP #                      OR                      EXEMPT (FID /FEIN) #  
 STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization  
 this DAY day of MONTH, YEAR by \_\_\_\_\_  
 (Printed Name of Above Signatory)

Signature of Notary Public – State of Florida                      (NOTARY SEAL)

Personally Known \_\_\_\_\_  
 OR  
 Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_