

**CITY OF EDGEWATER
BUILDING DEPARTMENT**

104 North Riverside Drive
Edgewater, Florida 32132

Phone: (386) 424-2400 X 1514

FAX: (386) 424-2423



ELECTRICAL PERMIT APPLICATION

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

Application/Permit #: _____

Approved by: _____ Date: _____

Permit Fee: \$ _____

Receipt #: _____ Issued: _____

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: VOLUSIA LOT(S) # _____ BLOCK _____ PARCEL ID # _____

CONTRACTUAL DESCRIPTION -- Your contract for work is as a:

SUBCONTRACTOR FOR (Building Contractor) _____ Issued permit or application #: _____

INDEPENDENT WORK (unrelated to other permit). **If non-conforming, FEMA Improvements/Repair Application Packet is required**

Amount of contract: \$ _____ If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

WORK DESCRIPTION: _____

ELECTRICAL PERMIT APPLICANT **PROPERTY OWNER IS APPLICANT** (if yes, skip below to property owner information)

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

**PROPERTY OWNER (required) (OWNER AS CONTRACTOR REQUIRES A SIGNED AFFIDAVIT)
(FAX OR EMAIL ADDRESS REQUIRED)**

NAME AS ON PROPERTY RECORD: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

FEES FOR ELECTRICAL PERMIT:

MINIMUM ELECTRICAL PERMIT FEE:	(BASE FEE) \$50.00 = \$_____
ELECTRICAL FEE AS SUB-PERMIT FOR NEW RESIDENTIAL BUILDING PERMIT <i>(Per dwelling unit)</i>	\$95.00 = \$_____
ELECTRICAL FEE AS SUB-PERMIT FOR NEW COMMERCIAL BUILDING PERMIT	\$125.00 = \$_____
SWIMMING POOL	
RESIDENTIAL	\$50.00 = \$_____
COMMERCIAL	\$95.00 = \$_____
SERVICE CHANGE	
RESIDENTIAL SINGLE PHASE	\$75.00 = \$_____
COMMERCIAL SINGE PHASE UP TO 400 amps AND RESIDENTIAL THREE PHASE	\$95.00 = \$_____
COMMERCIAL THREE PHASE ABOVE 400 amps.	\$125.00 = \$_____
SIGN (ELECTRICAL)	\$50.00 = \$_____
TUG / TEMPORARAY POWER	\$50.00 = \$_____
ALL OTHER ELECTRICAL PERMITS	\$50.00 BASE FEE PLUS _____ .007 TIMES CONTRACT VALUE = \$_____
SUBTOTAL	\$ _____ +
STATE OF FLORIDA SURCHARGE 3% of subtotal or \$4, whichever is greater. Effective 10/01/11, per F.S. 468.631 and 553.721.	\$ _____
TOTAL PERMIT FEE DUE	\$ _____

WARNING TO OWNER: Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the CITY OF EDGEWATER Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public, State of Florida SEAL: