



BUILDING DEPARTMENT

190 Malabar Road, S.E. • Suite 105 • Palm Bay, FL 32908

Phone: (321) 953-8924 • Fax: (321) 953-8925

30 DAY TEMPORARY POWER REQUEST FORM

The undersigned request a temporary electrical power release from the CITY OF PALM BAY per Florida Building Code (FBC) Section 112 Service Utilities as released by the Building Official prior to issuance of a Certificate of Occupancy (C/O).

Date: _____

Electrical Permit Number: _____

Project Location: _____

Certificate of Occupancy must be issued by: _____

Check all that apply:

To be used for testing of A/C equipment – window units excluded.

To be used for installation and testing of elevators.

To be used for installation and testing of kitchen equipment.

To be used for installation of wood flooring.

INSPECTION MUST BE REQUESTED & ITEMS CHECKED MUST BE WIRED COMPLETELY.

I understand that this temporary electrical power release, granted by the Building Official, is subject to the following conditions:

1. A temporary power release will be given to the contractor only for the period of time needed to complete building and /or site work.
2. If the building is occupied by an owner or tenant without a valid Certificate of Occupancy (C/O), the power will be shut off immediately.
3. The undersigned contractor and/or property owner shall appear and defend all actions against THE CITY OF PALM BAY; its officers, employees and agents; harmless and free of all claims, demands, actions, or cause of action of every kind and description arising out of or in any way connected with the exercise of said release of power.

4. I certify I will not permit use of electric power on this project other than those items requested above. I will prohibit any person or subcontractor from violating this Agreement and using electrical power in a hazardous manner. I further understand that NFPA, NEC and OSHA require GFCI shock protection on any 15, 20 or 30 ampere rated permanent circuit used for temporary construction power.
5. I certify as the responsible party that I will maintain all Temporary Power in a safe manner until the C.O. is issued. I will lock off access to uncompleted areas and /or lock off service to areas where exposed wiring has not been completed. I understand violation of the agreement will justify immediate shut-off of power.

Signature of **ELECTRICAL CONTRACTOR:** _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this (date) by (name of person acknowledging), who is personally known to me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** _____ **physical presence or**
online notarization, this _____ day of _____, _____ (year),
by _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

Signature of **GENERAL CONTRACTOR**: _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this (date) by (name of person acknowledging), who is personally known to me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** _____ **physical presence or**
online notarization, this _____ day of _____, _____ (year),
by _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

Signature of **PROPERTY OWNER**: _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this (date) by (name of person acknowledging), who is personally known to me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** _____ **physical presence or**
online notarization, this _____ day of _____, _____ (year),
by _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)