City of Wilton Manors
Community Development Services Dept.

2020 Wilton Drive, Wilton Manors, FL 33305
954-390-2180 Fax: 954-390-2184
www.wiltonmanors.com

ELECTRICAL PERMIT APPLICATION

PERMIT NUMBER: _____

MASTER PERMIT NUMBER: _____

COMPLETE ENTIRE APPLICATION

FOLIO #

GENERAL INSTRUCTIONS: Applicant must fill in all spaces. If any space is not applicable, write N/A. The checklist of requirements for this permit type, if any, must be completed and included. Review process time may vary with the department's workload. Applicants will be notified when permit is ready. Construction work may not begin until a building permit is issued and the permit/hard card is posted. The contractor and the property owner must sign this application; only the contractor may sign for the permit.

OWNER/BUSINESS NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

OWNER/BUSINESS ADDRESS: _____ CITY: _____ STATE ____ ZIP _____

CONTRACTING FIRM: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE ____ ZIP _____

FAX: _____ E-MAIL: _____ LICENSE NO.: _____

JOB ADDRESS: _____ WILTON MANORS, FL ZIP: _____

ARCHITECT/ENGINEER'S NAME: _____ PHONE: _____

ARCHITECT/ENGINEER'S ADDRESS: _____

LOT/BUILDING _____ BLOCK/UNIT _____ SUBDIVISION/SHOPPING CENTER _____

PRESENT USE: _____ PROPOSED USE: _____

OF STORIES: _____ BAYS: _____ OFFICES: _____ UNITS: _____ BEDROOMS: _____ BATHS: _____

TYPE OF WORK: ☐ ADDITION ☐ NEW ☐ ALTERATION ☐ REPAIR ☐ RENOVATION ☐ DEMOLITION

TYPE OF PROPERTY: ☐ COMMERCIAL ☐ INDUSTRIAL ☐ RESIDENTIAL

ESTIMATED COST OF CONSTRUCTION **$**_____ ESTIMATED COST OF BUILDING **$**_____

TYPE OF IMPROVEMENT: *(Check one item only in each box)*

___ Construct	____ Enclose	____ New Building	____ Mechanical	____ Patio	____ Tenant Renovation
___ Install	____ Alter	____ New Addition	____ Gas	____ Screen Enclosure	____ Clearing/Grubbing
___ Add	____ Demolish	____ Roofing	____ Fence	____ Paving	____ Landscape
___ Repair	____ Replace	____ Electrical	____ Sign	____ Utilities	____ Hurricane Protection
___ Other_____		____ Plumbing	____ Pool/Spa	____ Excavation	____ Other_____

DESCRIPTION: _____

_____

_____

ITEM TAKE-OFF

*Please identify number of items to be installed below unless otherwise indicated in **BOLD**.*

Description	Number	Description	Number
Thirty (30) Day Temporary for Test		Swimming Pool Hook-Up (Commercial)	
Temporary Service		Fuel Pump Dispenser	
Service **[AMPS]**		Light Pole	
Service Change		Light Pole Fixture	
Service Repair		Lightning Protection	
Service and Switchboard		Ground Point	
Panel		Air Handling Unit	
Busduct		Condensing Unit	
Low-Voltage Outlets & Fixtures		Battery Pack	
High-Voltage Switches, Receptacles & Fixtures		Fire Alarm Cabinet	
Special Purpose Outlet (110 volts or less)		Fire Alarm Station or Bell	
Special Purpose Outlet (220 volts)		Smoke Detector	
Transformer, Generator, Mobile Power Plant **[KVA]**		Burglar Alarm Cabinet	
Strip Heater **[KVA]**		Burglar Alarm Station or Bell	
Motor **[HP]**		Meter Release or Repair	
Electric Sign		Electrical Demolition	
Swimming Pool Hook-Up (Residential)			

PERMIT NUMBER: _____ **MASTER PERMIT NUMBER:** _____

BUILDING CODE IN EFFECT IS THE 2010 EDITION OF THE FLORIDA BUILDING CODE WITH THE 2012 AMENDMENTS

CONTRACTOR'S AND/OR OWNER'S AFFIDAVIT: Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of said permit, that no violations exist and that all work will be performed to meet the standards of all laws regulating construction in the City of Wilton Manors and the Florida Building Code, whether specified in this application and accompanying plans or not. I understand that a separate permit must be acquired for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, ETC.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

OWNER'S AFFIDAVIT: I certify that all work will be done to comply with all Federal, State and County laws, rules and regulations and resolutions regulating construction and zoning, and further state that no violation or expired permit issues exist on this property. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I certify that the City of Wilton Manors has no liens against this property at this time.

_____
SIGNATURE OF OWNER OF PROPERTY

_____
PRINTED NAME OF OWNER OF PROPERTY

State of Florida
County of Broward
NOTARY PUBLIC
SEAL OF OFFICE

On this, the ____ day of _____, 20___, before me, the undersigned Notary Public of the state of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, WITNESS my hand and official seal:

Personally known to me, or produced identification (list type of identification provided): _____

☐ DID take an oath ☐ DID NOT take an oath

_____
NOTARY

_____
SIGNATURE OF CONTRACTOR

_____
PRINTED NAME OF CONTRACTOR

FLORIDA STATE CERTIFICATION #_____ OR
BROWARD COUNTY CERTIFICATE OF COMPETENCY #_____

State of Florida
County of Broward
NOTARY PUBLIC
SEAL OF OFFICE

On this, the ____ day of _____, 20___, before me, the undersigned Notary Public of the state of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, WITNESS my hand and official seal:

Personally known to me, or produced identification (list type of identification provided): _____

☐ DID take an oath ☐ DID NOT take an oath

_____
NOTARY

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE SITE INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTES AND SIGN-OFF (OFFICE USE ONLY)

Approved by – Electrical: _____ Date: _____ [Fire: _____ Date: _____]
IF APPLICABLE

	Required Inspections	
	Service Retap	
	Meter Release	
	Deck Bond	
	Footer Bond	
	Pool Bond	
	Underground	
	Temporary Service	
	Wall Rough	
	Ceiling Rough	
	Service Change	
	Service Repair	
	Electric Rough	

	Required Inspections	
	Electric Slab	
	Telephone Wiring Rough	
	Fire Alarm Wiring Rough	
	Security Alarm Wiring Rough	
	Low Voltage Rough	
	Low Voltage Final	
	Temporary for Test (30 Day)	
	Niche Bond	
	Fire Marshal Final	
	Fire Alarm Final	
	Electrical Final	
	Other:	