



City of Winter Park

Building & Permitting Services Department

401 S. Park Ave., Winter Park FL 32789 www.cityofwinterpark.org

Phone: 407-599-3237 Fax: 407-599-3499 Email: Permits@cityofwinterpark.org

ELECTRICAL PERMIT APPLICATION

PERMIT # _____ Stand-alone Sub permit

DATE REC'D: _____ PROJECT OVER \$2500 YES (N.O.C. REQ'D) NO

PROJECT NAME _____

PROJECT ADDRESS _____ SUITE/UNIT # _____

TAX / PARCEL I.D. NUMBER _____ CITY LOCATION ID # _____

OCCUPANT NAME _____

PROPERTY OWNER _____ PHONE _____

PROPERTY OWNER'S ADDRESS _____

ELECTRICAL CONTRACTOR NAME _____ PHONE _____

ELECTRICAL CONTRACTOR'S ADDRESS _____

CONTRACTOR ST.REG./CERT.# _____ EXPIRATION DATE _____

CONTACT PERSON _____ PHONE/FAX _____ EMAIL _____

| Equipment | Number | Service | Number |
|--------------------|--------|--------------------------------|--------|
| Switches | | Ampere Service | |
| Rough Wiring | | Ampere Temporary | |
| Lighting Outlets | | Ampere Sign | |
| Receptacles | | Hp Motor | |
| Fans-Residential | | Central Air | |
| Fans-Commercial | | Window Air | |
| Water Heater | | Swimming Pool | |
| Dryer | | Sub Feed Panel | |
| Dishwasher | | Low Voltage | |
| Disposal | | Overhead to Underground Amp | |
| Range Surface | | | |
| Unit or Oven only | | | |
| Oil or Gas Furnace | | | |
| Miscellaneous | | | |
| | | | |
| | | Total Outlets | |
| | | STOP WORK FEE | |
| | | BASE PERMIT FEE | |
| | | TOTAL FEE | |

Certified WCAG 2.1 Level AA compliant and usable with JAWS and NVDA by SWH

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.

NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.

Signature

Owner or Agent (including contractor)

The foregoing instrument was acknowledged before me the

__ / __ / __ by _____ who is personally known to me and who produced

_____ as identification and who did not take an oath.

Notary as to Owner

Commission No.

State of FL. County of

My Commission expires:

(SEAL)

Signature

Contractor

The foregoing instrument was acknowledged before me the

__ / __ / __ by _____ who is personally known to me and who produced

_____ as identification and who did not take an oath.

Notary as to Contractor

Commission No.

State of FL. County of

My Commission expires:

(SEAL)

Pursuant to Florida State Statute 713.135(7) – All signatures must be notarized.