



City of Lighthouse Point Building Department
3701 NE 22 Avenue
Lighthouse Point, FL 33064
Phone: 954-943-6509
Fax: 954-784-3447

PERMIT #

30-day Electrical Power for Testing Application

The property owner or General Contractor **AND** the Electrical Contractor of the property identified below must complete this application.

Request is hereby made to connect electrical power for a period not to exceed 30 days, for the purpose of equipment testing. It is acknowledged that approval of temporary power for this site is in no way a release of this property for permanent use or occupancy. It is further acknowledged that use of this property without proper authorization will result in an immediate disconnection of electrical service pursuant to the Florida Building Code.

Job Address

Legal Description (Lot / Block / Subdivision)

Electrical Contractor (Company Name)

Electrical Contractor (Qualifier's Signature & EC/ER/CME #)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, ____ (year), by _____
(name of person acknowledging)

Notary Public Signature: _____

My Commission Expires: _____

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Owner's or General Contractor's Signature

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, ____ (year), by _____
(name of person acknowledging)

Notary Public Signature: _____

My Commission Expires: _____

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Approved by Chief Electrical Inspector: _____

Date: ____/____/____