



TOWN OF GRANT-VALKARIA
 1449 Valkaria Road
 Grant-Valkaria, FL 32950
 Phone: (321) 951-1380 Fax: (321) 956-5660

BUILDING DEPARTMENT

PRE-POWER REQUEST FORM

Permit #: _____

◆ Building Identification _____
 Address _____

◆ The undersigned hereby requests permission to connect the electric current to the above-named building for a maximum period of _____ days prior to the final inspections.

◆ Name of Power Company _____ Cut on date: _____ Cutoff date: _____

◆ The reason for this request is as follows: _____

◆ The undersigned also understands and agrees that approval of this request does not constitute a waiver of procuring a Certificate of Occupancy prior to any type of occupancy of this building. Should the building be found occupied without a Certificate of Occupancy having been issued, The Town of Grant-Valkaria Building Department has the right to have the power disconnected.

 Authorized Signature (General Contractor) Certification Number

 Authorized Signature (Property Owner)

Personally, Known or Produced Identification: Type of Identification: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

 Signature of Notary Public, State of Florida Stamp & Seal

◆ The undersigned certifies that the wiring, apparatus and fixtures of the entire building are in such condition that electrical current may safely be connected therewith for such period of time and there exists a necessity for this request.

 Master Electrician PLEASE PRINT Authorized Signature (Master Electrician)
 and Certification Number

Personally, Known or Produced Identification: Type of Identification: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

 Signature of Notary Public, State of Florida Stamp & Seal

Building Department Approval:

 Building Official Date Building Inspector Date