

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**ELECTRICAL
PERMIT APPLICATION**

Permit #: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH NEC 2020

Site Address: _____

Legal Description: _____

Parcel ID: _____

Owner's Information

Name: _____

Email: _____

Phone: _____

Address: _____

Contractor's Information

Name: _____

Email: _____

Phone: _____

Address: _____

State License no. _____

PROJECT INFORMATION☐ Commercial ☐ Residential

Description of work: _____

Detailed location of proposed work (ex: interior, exterior, bedroom, bathroom, or kitchen): _____

Site lighting: ☐ Yes ☐ No *If yes, how many light poles: _____***See checklist for additional requirements.**

Total Valuation \$ _____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER_____
Contractor Signature_____
Date_____
Print Name_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical
presence or ☐ online notarization this ____ day of _____, 20____, by
_____ who is ____ personally known
to me or ____ has produced _____ as identification

Owner or Owner's Authorized Representative Signature_____
Date_____
Print Name_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical
presence or ☐ online notarization this ____ day of _____, 20____, by
_____ who is ____ personally known
to me or ____ has produced _____ as identification

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.



Building Department CHECKLIST FOR ELECTRICAL PERMITS

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

The following minimum requirements must be provided for permitting and inspections:

- Complete application
- Electrical Load Calculations
- Electrical Riser Plan-Service Change and Temp Pole only on sketch provided, please provide an appropriate electrical riser for all other new electrical work
- Recorded Notice of Commencement for work valued at \$5000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

**PLEASE DO NOT SUBMIT THIS FORM FOR NEW GENERATOR INSTALLATIONS.
USE STANDBY GENERATOR APPLICATION FORMS ONLY.**

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



Town of Sewall's Point Building Department

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

Electrical Load Calculations

Electrical Contractor: _____ License No. _____

Phone #: _____ Fax #: _____

Project: _____ Location: _____

Existing Service Feeder Size: _____ Existing Panel Size: _____

Main Breaker Size: _____ Number of Breakers: _____

Existing Loads

_____ Sq. Ft. X 3 watts per sq. ft.....	_____ watts
_____ Appliance cir. @ 1500 watts each.....	_____ watts
_____ Laundry cir. @ 1500 watts each.....	_____ watts
_____ Range @ 8 kw.....	_____ watts
_____ Dishwasher and disposal @ 1500 watts each.....	_____ watts
_____ Microwave @ 2000 watts.....	_____ watts
_____ Water heater @ 4.5 kw.....	_____ watts
_____ Tank less water heater.....	_____ watts
_____ Dryer @ 5 kw.....	_____ watts
_____ Refrigerator @ 1500 watts.....	_____ watts
_____ Bathroom 1 @ 1500 watts.....	_____ watts
_____ Sprinkler Pump	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
	_____ Subtotal Watts

New Loads

_____ Pool pump.....	_____ watts
_____ Pool light.....	_____ watts
_____ Heat pump.....	_____ watts
_____ Chlorine generator.....	_____ watts
_____ Blower.....	_____ watts
_____ Boatlift.....	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
	_____ Total Watts

_____ First 10 kw @ 100%.....	_____ watts
_____ Remainder @ 40%.....	_____ watts
_____ A/C heat @ 100%.....	_____ watts

Total watts _____ Divided by 240 volts = _____ Amps _____ Amp service provided

Prepared by: _____ Date: _____



Town of Sewall's Point Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996
Ph: 772-287-2455

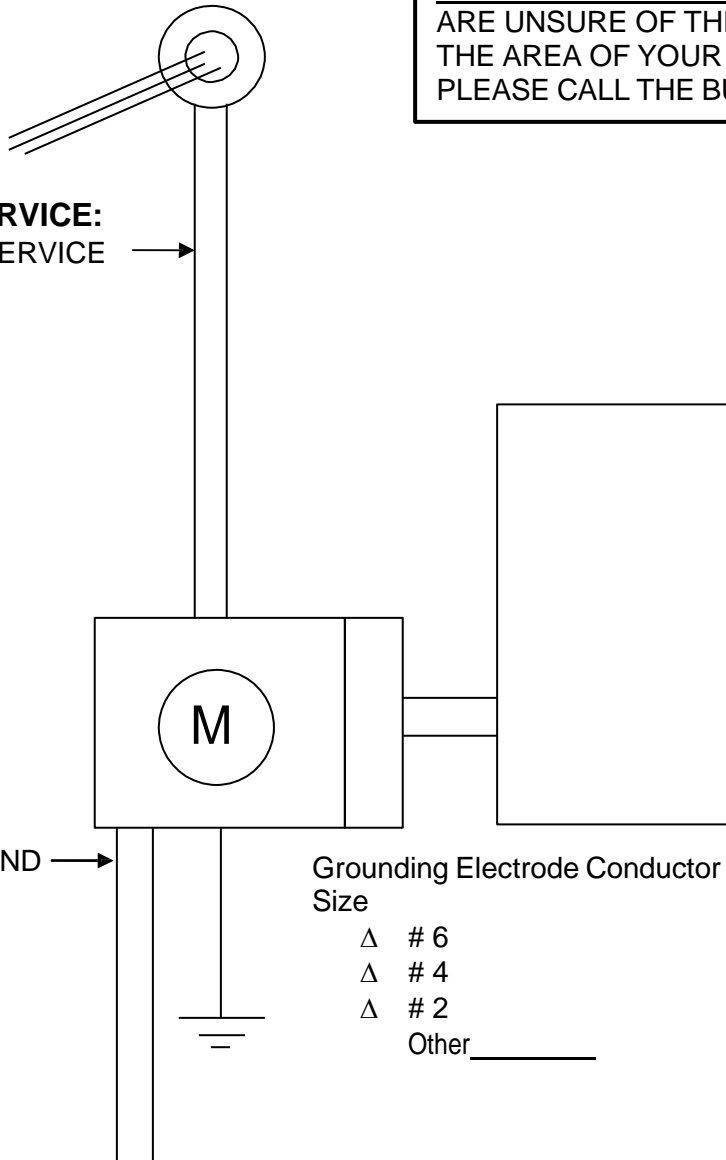
ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION. IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING

TYPE OF SERVICE:
☐ OVERHEAD SERVICE →

☐ UNDERGROUND →



Service size _____ Amps

Conductor size _____

Meter Main _____

Meter Can only _____

Service Change _____

New Installation _____

Grounding Electrode Conductor
Size

Δ # 6

Δ # 4

Δ # 2

Other _____

