

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

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**TEMP 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: _____

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.



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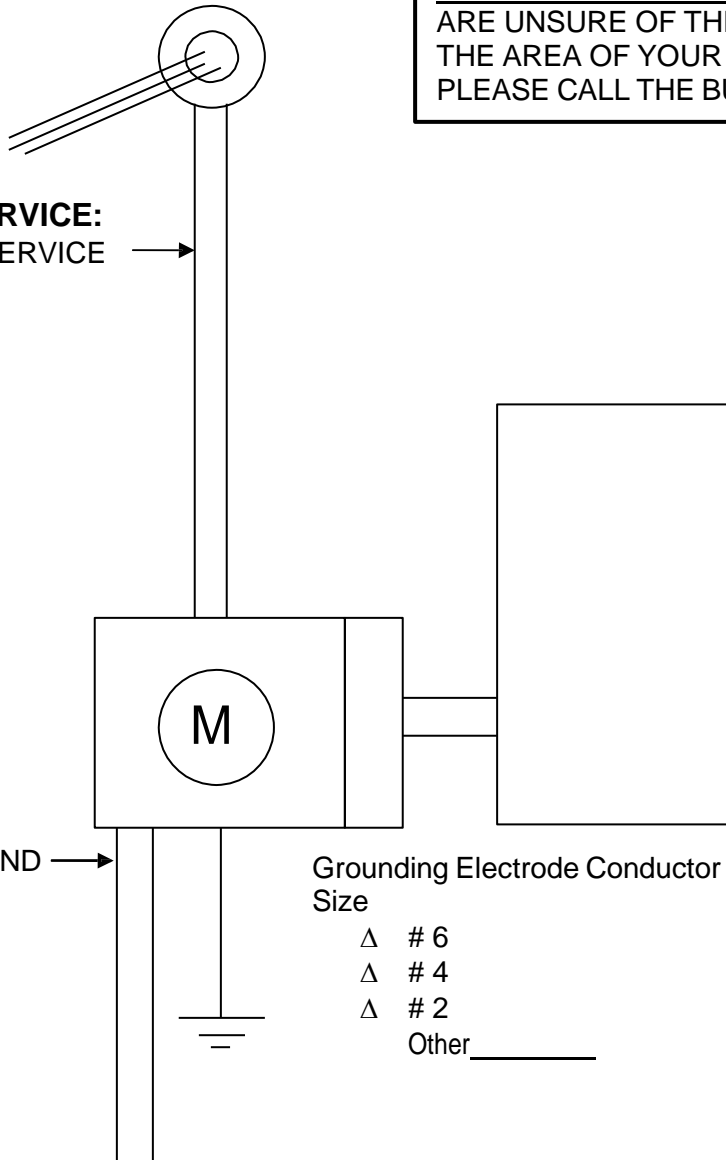
ELECTRICAL RISER PLAN

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 _____

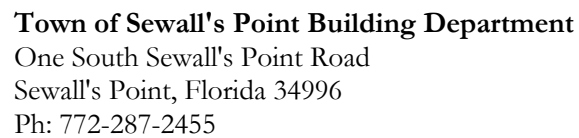
Grounding Electrode Conductor
Size

Δ # 6

Δ # 4

Δ # 2

Other _____



Temporary/Construction Service - from Overhead System (typical)

