

Building Division



PROPERLY COMPLETED ELECTRICAL SAFETY INSPECTION AFFIDAVIT MUST BE RECEIVED FOR ALL ELECTRICAL SAFETY INSPECTIONS PRIOR TO POWER BEING RELEASED TO UTILITY COMPANY

PERMIT:	DATE:
JOB ADDRESS:	
LOT / SUBDIVISION:	
COMPANY:	
I,(Please print name)	, licensed as an Electrical Contractor,
	, did personally inspect the electrical
system of the property stated above on,	Date & Time) (Date & Time) g and equipment is in working condition, and
safe to be energized.	
Contractor Signature	Date
STATE OF FLORIDA) COUNTY OF)	
Sworn to and subscribed before me by me	eans of [] physical presence or [] online
notarization, this day of	, 20, by
(name of person acknowledging), who is [] personally known to me; or [] has produced
as identi	fication.

Signature of Notary Public (Seal)