

**GULF COUNTY, FLORIDA
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR. BLVD • ROOM 400 • PORT ST. JOE, FLORIDA 32456 • PHONE (850) 229-8944

DATE: _____

ELECTRICAL PERMIT APPLICATION

OWNER

Name:

Phone#:

Mailing Address:

CONSTRUCTION 911 Address:

CONTRACTOR

Name:

Phone#:

Mailing Address:

Email:

PLEASE CHECK THE BOX FOR TYPE OF PERMIT REQUESTED

☐	Temp Construction Pole
☐	New Construction Electrical
☐	TEMP/PERM POWER <i>NEED FOR EARLY POWER APPROVAL ON HOME BEFORE C/O</i>
☐	Mobile Home Electric
☐	Swimming Pool Electric
☐	Well Pump Service
☐	<u>Service Upgrade</u> Please provide Work Description:
☐	<u>Accessory Structure Electrical Service:</u> 100 amps: Depending--- <u>Please provide Work Description:</u> <u>NOTE- If structure is within 100ft to existing power, extra Electrical Service will be denied</u>

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, POOLS, A/C, ect.

I understand all **REQUIRED INSPECTIONS** will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is **VOID** after (6) months from issuance unless the work it covers has been commenced and has had ongoing inspections. The building official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans, upon which this permit was based.

Signature of Owner/Contractor

Date

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CREDIT CARD PAYMENT FORM

PERMIT TYPE: _____

OWNER
Name: _____
Phone#: _____
Mailing Address: _____
CONSTRUCTION 911 Address: _____
CONTRACTOR
Name: _____
Phone#: _____
Email: _____

CARD HOLDER NAME	_____
CREDIT CARD #	_____
EXPIRATION	_____
ZIP CODE	_____
CVV CODE	_____

You can also call the building dept. to make payment via phone 850-229-8944

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Signature of Owner/Contractor

Date

I understand that my signature below will acknowledge that I will be the contractor of record for the application which I have submitted. If I authorized another signature, I will fill out a contractor signature verification form and attach to this form. I also understand that my signature will act as the signature for the permit.

Signature of Owner/Contractor

Date

By signing this document, I authorize Gulf County Building Dept to charge my credit card

NOTE:

- If the shed is located closer than 100ft to existing power, the power needs to be run off existing meter. An extra service will be denied.
- Power service will be limited to certain sizes. Starting from 100 AMPS. This is determined by the following: lift station, water pumps, etc....
- **Power for shed, carports, pole barns can never be utilized for a habitable structure. Please understand that if you violate or misuse the power being supplied, You understand that Gulf County Officials has the right to disconnect your service immediately.**
- 911 verification certificate needed.
- By signing below, I _____ understand as the owner of said property to the terms for which power is being applied for.

Before me personally appeared _____ who are personally known to me, or presented _____ identification. Sworn to and subscribed before me this _____ day of _____, 20_____.

State of Florida, Notary Public

My commission expires: _____