

DATE \_\_\_\_\_

TO: City of St. Augustine  
P.O. Box 210  
St. Augustine, FL 32085  
Fax: (904) 209-4335

SUBJECT: Request for Electric Power necessary to check out equipment prior to all final inspections and occupancy of the building.

BUILDING ADDRESS: \_\_\_\_\_

BUILDING PERMIT NO.: \_\_\_\_\_

The undersigned hereby requests that the electric service to the above named building be connected.

**NOTE: IT IS MUTUALLY AGREED BY ALL PARTIES SIGNING THIS REQUEST THAT THE ELECTRICAL POWER WILL BE DISCONTINUED WITHOUT NOTICE IF THE BUILDING IS OCCUPIED BY EITHER THE OWNER AND/OR TENANT PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY AND USE PERMIT, OR IF THE BUILDING PERMIT EXPIRES PRIOR TO THE FINAL INSPECTIONS AND APPROVALS BY THE BUILDING OFFICIAL.**

The City may authorize the electrical power to be disconnected without notice if a Certificate of Occupancy is not issued on or before \_\_\_\_\_.

The undersigned qualifier certifies that the electrical system for this building meets code and is safe to energize and occupy.

\_\_\_\_\_  
Print General Contractor Name

\_\_\_\_\_  
Name of Electrical Contractor

\_\_\_\_\_  
Signature of General Contractor

\_\_\_\_\_  
Print Electrical Qualifier Name

\_\_\_\_\_  
Signature of Electrical Qualifier