



**CITY OF LIGHTHOUSE POINT, FLORIDA
TEMPORARY 30-DAY
ELECTRICAL APPLICATION**

PERMIT NO. _____ DATE _____

OWNER'S NAME _____ PHONE NO. _____

JOB ADDRESS _____ CITY _____

LOT _____ BLOCK _____ SUBDIVISION _____

CONTRACTING FIRM _____

CERTIFICATE NO. _____ PHONE NO. _____

CONTRACTOR'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

We hereby request Temporary Electrical Power for testing of electrical equipment.

We understand that your release of power to us is only for thirty (30) days. All wiring will be kept in a safe condition and we will be responsible for same, holding the City of Lighthouse Point harmless in the event of accident or damage to property or life.

We will call for inspection of service wiring prior to date of power request.

Print Name of Applicant

Signature of Applicant

DATE APPLICATION APPROVED _____

ELECTRICAL INSPECTOR _____