



## ELECTRICAL 30 DAY TEMP FOR TEST

### FLORIDA BUILDING CODE – SECTION 112.2 BROWARD COUNTY CHAPTER 1 ADMINISTRATION

The following statement is to be executed by the owner, firm, corporation or electrical contractor (electrical contractor must sign if no electrical final has been given) of the premises on which the (30) day temporary electrical service is requested.

#### **THERE WILL BE A CHARGE FOR THIS INSPECTION**

It is understood that the temporary (30) day electrical approval by the City of Margate given in connection with the Electrical Permit # \_\_\_\_\_ - \_\_\_\_\_ at the following location:

Address: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

FOR \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is being approved only for construction purposes or for testing the following installations being made in said structure: \_\_\_\_\_

Such approval is in no event to be considered a release of said structure for purposes of use and occupancy.

**Fee: \$100.00**

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20 \_\_\_\_\_,

Print Notary Name : \_\_\_\_\_

Personally Known OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
*Signature (of Electrical Contractor)*

\_\_\_\_\_  
*(Type/Print Electrical Contractor Name)*

MASTER ELECTRICIAN C.M.E. # \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_

\_\_\_\_\_  
**APPROVED BY**

\_\_\_\_\_  
**DATE**