



# Gilchrist County Building Department

209 SE 1<sup>st</sup> Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: \_\_\_\_\_

Please print

## Electrical Permit Application

### Owner/Applicant Information

Owner Name:	
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:	
Contractor Name:	License #:
Authorized Agent Name: <span style="float: right;"><input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached</span>	

### Owner/Builder Affidavit must be submitted if owner applying for permit

### Contact Information

Name:	Address:	
City:	State:	Zip:
Contact Phone:	Alternate Contact #:	
Fax Number:	Email:	

### Project Information

<b>Job Valuation: \$</b>	<b>N.O.C. Required if \$2,500 and over in value</b>	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture	<input type="checkbox"/> CFEC <input type="checkbox"/> Duke <input type="checkbox"/> Clay	
Project Address:		
City:	State:	Zip:
Parcel Number:	<input type="checkbox"/> Zoning Approval for City	
Description of work to be done:		
Improvement: <input type="checkbox"/> New <input type="checkbox"/> Service Change Out <input type="checkbox"/> Upgrade <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> RV Pole <input type="checkbox"/> Temp		
<input type="checkbox"/> Pool/Pool Heater <input type="checkbox"/> Sign <input type="checkbox"/> Pump/Well <input type="checkbox"/> Lift Station <input type="checkbox"/> Generator <input type="checkbox"/> Low Voltage <input type="checkbox"/> Reconnect Existing Service		
Number of systems:		
Existing Service Amperage:	Upgraded Service Amperage:	
Size of Service Conductors:	Number of Meters:	

**YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
Signature of Owner/Contractor/Agent Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_ (Printed Name of Individual Acknowledging)

Individual identified by:  Personal Knowledge  Satisfactory Evidence: Type: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Printed Name of Notary Public or Stamp

Stamp: