TO:  Growth & Resource Management
     Permit Center
     123 W. Indiana Ave., Room 203
     DeLand, Florida 32720-4253

Permit Center
123 W. Indiana Ave., Room 203
DeLand, Florida 32720-4253
Permit No.___________________________________

**ALL FEES MUST BE PAID RELATED TO THIS BUILDING PERMIT**

Building Identification ____________________________________________________________________________________________
Address __________________________________________________________________ _____________________________________
Name of Power Co. ______________________________________________________________________________________________
The reason for this request is as follows: ____________________________________________________________ _________________
______________________________________________________________________________________________________________

The undersigned understands and agrees that approval of this request does not constitute a waiver of procuring a Certificate of Occupancy prior to any type of occupancy of this building. Should the building be found occupied without a Certificate of Occupancy having been issued, The Volusia County Building Official has the right to have the power disconnected.

CONSTRUCTION CONTRACTOR

Contractor’s Signature     Contractor’s Name Printed     License Number

STATE OF FLORIDA
COUNTY OF _________________________
Affirmed and subscribed before me this _____ day of ____________ 20____ by ____________________________
who is personally known to me or who has produced ______________________________ (type of ID) as identification.

Signature of Notary Public, State of Florida     ______________________________
Notarial Seal

OWNER/LEASEHOLDER (If leaseholder; a lease showing at least 29 years must be attached)

Owner’s Signature     Owner’s Name Printed

STATE OF FLORIDA
COUNTY OF _________________________
Affirmed and subscribed before me this _____ day of ____________ 20____ by ____________________________
who is personally known to me or who has produced ______________________________ (type of ID) as identification.

Signature of Notary Public, State of Florida     ______________________________
Notarial Seal

ELECTRICAL CONTRACTOR

Electrician’s Signature     Electrician’s Name Printed     License Number

STATE OF FLORIDA
COUNTY OF _________________________
Affirmed and subscribed before me this _____ day of ____________ 20____ by ____________________________
who is personally known to me or who has produced ______________________________ (type of ID) as identification.

Signature of Notary Public, State of Florida     ______________________________
Notarial Seal

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