TEMPORARY POWER REQUEST APPLICATION

PERMIT #

Community Development Dept. | 9220 Bonita Beach Road, Ste. 111 | Bonita Springs, FL 34135 | (239) 444-6150 | permitting@cityofbonitaspringscd.org

	Residential Commercial
A.	Date of Request:
	Permit #:
C.	Property Address:
	Street & Unit #:
	City: State: Zip:
	STRAP NUMBER:
D.	Contractor Information: License #:
	Name:
	Company Name:
	Phone Number: Area Code: Number:
	E-mail Address:
E.	Authorized Agent(s):
F.	The City of Bonita Springs does allow for "temporary power" after an inspection by the City's Building Division has been performed to confirm the following has been completed:
	1. All electrical service and control equipment is set, wired, fused, bonded and grounded
	2. All wall and ceiling coverings have been installed
	3. The required disconnects are in place and operational
	4. All outlet devices and switches are connected or made safe
	5. The electrical system is ready for connection to public utilities
ano ano tha	e purpose of this inspection is to allo4w the installer to check out all installed electrical systems and equipment for proper d safe operation per its listing prior to the final inspection. As well as to allow the HVAC system to be tested, balanced d checked for proper and safe operation per its listing prior to final inspection. Only after the contractor demonstrates t all of these requirements have been met will a written release for the electrical service be provided to the applicable ctrical service provider.
NC	TE . The owner or contractor must make application with the applicable electrical service provider in order for the service

NOTE: The owner or contractor must make application with the applicable electrical service provider in order for the service to be made. The electrical provider WILL NOT set the meter if their specific requirements have not been met.

The service equipment for which approval is being applied for above has been installed in accordance with all applicable codes and will be ready for inspection on ______.

I also hereby relieve the city's building division from any liability for damages or loss in association with the connection of the power to this structure.

Contractor's Signature:	Date:	
Inspector's Signature:	Date:	

This temporary power approval does not allow for the occupancy or use of the building without a final inspection and the issuance of a Certificate of Occupancy. The approval for temporary power can and will be revoked if abused or life safety issues become apparent.



OWNER BUILDER DISCLOSURE STATEMENT & AFFIDAVIT FORM

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$75,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by state law and by city or municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and with-holding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. Under penalties of perjury, I declare that I have read the foregoing Owner Builder Disclosure Statement and that the facts stated in it are true.

Signature (owner/authorized agent):

Printed Name:

If the owner is acting as his or her own contractor, Florida Statute 489.103(7) requires the owner to personally appear to sign the				
application.				
Owner's signature	Date			
STATE OF FLORIDA, COUNTY OF Sworn to				
STATE OF FLORIDA, COUNTY OF Swoill to	(or animied) and subscribed before me this,			
day of,, by	(name of person making statement).			
Personally known OR Produced identification Type of Identification Produced				
(Signature of Notary Public-State of Florida)				
(Print, Type, or Stamp Commissioned Name of Notary Public)				

OR

*** SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC ***

Printed Name:	Signatu	re: Date:
STATE OF FLORIDA,	COUNTY OF	Sworn to (or affirmed) and subscribed before me
day of	, , by	(name of person making statement).
Personally known:	OR Produced identification:	Type of identification produced:
(Signature of Not	ary Public – State of Florida)	(Print, Type or Stamp Commissioned Name of Notary Public)
Applicable Code	2	

6th Ed. 2017 FBC; Florida Building Code: Building, Existing Building, Mechanical, Plumbing 5th Ed. 2014 FFC; Florida Fire Prevention Code NEC 2014; National Electric Code