

**TOWN OF LONGBOAT KEY  
PLANNING, ZONING AND BUILDING  
DEPARTMENT**

501 Bay Isles Road  
Longboat Key, FL 34228  
Phone: 941-316-1966 FAX: 941-316-1970



**ELECTRICAL PERMIT APPLICATION**

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY	
Applic #:	Permit # EP:
Approved by:	Date:
Permit Fee: \$	
Receipt #:	Issued:

**REVIEWED UNDER 2010 FLORIDA BUILDING CODE AND STATE STATUTES**

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT (S) #: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

**CONTRACTUAL DESCRIPTION -- Your contract for work is as a:**

- SUBCONTRACTOR FOR** (Building Contractor) \_\_\_\_\_ Issued permit or application #: \_\_\_\_\_
- INDEPENDENT WORK** (unrelated to other permit). **If non-conforming, FEMA Improvements/Repair Application Packet is required**
- GAS PIPING OR VENTILATION**

**Amount of contract: \$** \_\_\_\_\_ If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

**WORK DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_

**ELECTRICAL PERMIT APPLICANT**  **PROPERTY OWNER IS APPLICANT (if yes, skip below to property owner information)**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: \_\_\_\_\_ MANATEE CO: \_\_\_\_\_ SARASOTA CO: \_\_\_\_\_

APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PROPERTY OWNER (required)**

NAME AS ON PROPERTY RECORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FEES FOR ELECTRICAL PERMIT:**

<b>NEW RESIDENTIAL LIVING AND COMMERCIAL WORK AREA</b> (per sq. ft.)	_____ sq. ft. x \$0.07 = \$ _____
<b>ALTERATIONS, ADDITIONS, REPAIRS</b>	\$80.00 = \$ _____
<b>COMMERCIAL BOILER</b> (per unit)	\$80.00 = \$ _____
<b>NEW AMP SERVICE</b>	\$80.00 = \$ _____
<b>COMMERCIAL SITE LIGHTING</b>	\$80.00 = \$ _____
<b>SPRINKLER PUMP</b> (per pump)	\$100.00 = \$ _____
<b>CONSTRUCTION/SALES TRAILER</b>	\$70.00 = \$ _____
<b>TEMPORARY SERVICE</b>	\$100.00 = \$ _____
<b>OTHER ELECTRICAL PERMITTED WORK</b>	\$80.00 = \$ _____
<b>SUBTOTAL</b>	\$ _____ +
<b>STATE OF FLORIDA SURCHARGE</b> 3% of subtotal or \$4, whichever is greater. Effective 10/01/10, per F.S. 468.631 and 553.721.	\$ _____
<b>TOTAL PERMIT FEE DUE</b>	= \$ _____

**WARNING TO OWNER:** Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

**Applicant's Affidavit:** I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ who is personally known to me or who has  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public, State of Florida SEAL: