



BELLEAIR BUILDING DEPARTMENT
901 PONCE DE LEON BLVD.
BELLEAIR, FL 33756
(727) 588-3775
WWW.TOWNOFBELLAIR.COM/BUILDING

ELECTRICAL INSTALLATION FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BEFORE THE PERMIT BECOMES VALID

Permit #: _____ Homeowner: _____

License Holder (Individual Name): _____

Company Name: _____

Contractor's Mailing Address: _____

State: _____ Zip: _____ Contractor's Phone #: _____

FL State License #: _____ PCCLB #: _____

Jobsite Address: _____

Residential Commercial

INDICATE THE TOTAL NUMBER OF EACH TYPE OF FIXTURE PROPOSED FOR ELECTRICAL CONSTRUCTION OR INSTALLATION

Temp. Pole: _____ Outlets: _____ Kitchen Fans: _____ Bath Fans: _____ Bath Heater: _____

Water Heater: _____ Range: _____ Dryer: _____ Disposal: _____ Dish Washer: _____

Air Conditioner (Ton): _____ Heat (Kw): _____ Pedestal Or Pole: _____ Swimming Pool: _____

Meters: _____ # Wires: _____ Service (Amps): _____ Temp Trailer: _____ Generator: _____

Other: _____

WORK TO BE PERFORMED

MINIMUM REQUIRED INSPECTIONS:

1st rough (under slab) / 2nd rough (and/or prior to covering any work) / Final

Signature: _____

Print Name: _____

Date: _____