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622 EAST HATHAWAY AVENUE
POST OFFICE BOX 672
BRONSON, FLORIDA 32621



Pre- Final Power Request Form

Property Owner's Name: _____

Situs Address: _____

Contractor's Name: _____

Contact Telephone Number: _____ - _____ - _____

Permit Number: BP- _____

Parcel I. D. Number: _____ - _____ - _____

Stated purpose for early permanent power connection: _____

Requested Length of Time: _____ (Days) Approved Length of Time: _____ (Days)

The approval of the temporary power connection will expire in 30 days of the release to the utility provider unless other wise agreed upon by the Building Department. The temporary power release is subject to disconnect without further notice from the Development Department unless the final inspection is requested and approved prior to the expiration date of the temporary power release. I understand it is my responsibility to submit a written request for any consideration to extend that time limit. The request for extension must include a description of the need for such extension, any extenuating circumstances that supports the request, and a date certain for final inspection and issuance of the Certificate of Occupancy.

I hereby acknowledge and understand the above policies and procedures.

Signature

Date