



## AFFIDAVIT FOR 30-DAY TEMPORARY-ELECTRIC SERVICE

(To be executed by Owner/Agent and/or Tenant, Building & Electrical Contractor)

It is understood that the temporary-electrical approval by the Coral Springs Building Division given in connection with the building being constructed under Application Number: \_\_\_\_\_ by:

\_\_\_\_\_  
Please Print Company Name – **ELECTRICAL CONTRACTOR**

\_\_\_\_\_  
Please Print Name of **QUALIFIER**

\_\_\_\_\_  
QUALIFIER LICENSE NUMBER

\_\_\_\_\_  
Please Print Company Name – **GENERAL CONTRACTOR**

\_\_\_\_\_  
Please Print Name of **QUALIFIER**

\_\_\_\_\_  
QUALIFIER LICENSE NUMBER

**AT:** \_\_\_\_\_  
Please Print **ADDRESS** of Property Location

**FOR:** \_\_\_\_\_  
Please Print Name of **PROPERTY OWNERS**

is being given only for construction purposes or for testing the following installations being made in said structure.

Sub-paragraph 104.12.2.4 of the Florida Building Code provides for a 30-day maximum approval, only in an URGENT NECESSITY for electric current exists. Necessity shall include the use of current for irrigation, security, humidity control, emergency power and lighting, such as for testing or construction purposes, provided the Electrical Contractor and owner does hereby agree to assume the responsibility of maintaining the installation in such a manner that there is no hazard to life and property.

Such approval is in no event to be considered a release of said structure for purposes of use and occupancy, and no occupancy shall be granted or permitted until final inspections have been called for and approved by the inspection divisions concerned, and an occupancy permit obtained.

The undersigned also understand that the temporary-electric approval is subject to rescission and cancellation,

and electric power, can be cut off at the discretion of the Building and Zoning Department and will be disconnected if the building concerned is occupied before final inspections are approved and occupancy permit obtained.

I, \_\_\_\_\_, being first duly sworn, deposed and say that I am the **PROPERTY OWNER OR AGENT** of the above described property and that I agree that the structure covered in this agreement shall not be occupied until the building contractor has obtained approval of final inspections.

STATE OF FLORIDA

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER OR AGENT

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ . Personally Known \_\_\_ OR Produced Identification \_\_\_ Type of Identification Produced \_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public:

I, \_\_\_\_\_, being first duly sworn, deposed and say that I am the **ELECTRICAL CONTRACTOR** of the above described property and that the electrical installations as now existing will not create a safety hazard if temporary-service is connected.

STATE OF FLORIDA

\_\_\_\_\_  
SIGNATURE OF ELECTRICAL CONTRACTOR

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ . Personally Known \_\_\_ OR Produced Identification \_\_\_ Type of Identification Produced \_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public:

I, \_\_\_\_\_, being first duly sworn, deposed and say that I am the **BUILDING CONTRACTOR** of the above described property and that I will not permit occupancy of this building until final inspections have been called for by the contractors and sub-contractors concerned and final approval by the inspection division obtained and that I have the authority insofar as the owner of said property is concerned to prohibit occupancy until such final inspections are obtained.

STATE OF FLORIDA

\_\_\_\_\_  
SIGNATURE OF BUILDING CONTRACTOR

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ . Personally Known \_\_\_ OR Produced Identification \_\_\_ Type of Identification Produced \_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public: