



Electrical Permit Application

City of Atlantic Beach Building Department
800 Seminole Rd, Atlantic Beach, FL 32233
Phone: (904) 247-5826 Email: Building-Dept@coab.us

**** ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

PERMIT #: _____

JOB ADDRESS: _____ PROJECT VALUE \$ _____

JEA INFORMATION REQUIRED ON ALL PERMITS: _____ AMPS _____ VOLTS _____ PHASE

- NEW SERVICE:**
 - Overhead Underground Underground up Pole
 - Residential (Main) Service:**
 - 0-100 amps 101-150amps 151-200amps _____ amps # of Meters _____
 - Commercial (Main) Service:**
 - 0-100 amps 101-150amps 151-200amps _____ amps CT Service _____ amps
 - Conductor Type _____ Size _____
 - Multi-Family (Main) Service:**
 - 0-100 amps 101-150amps 151-200amps _____ amps # of Unit Meters _____
- TEMPORARY POLE:** _____ amps
- SERVICE UPGRADE:** _____ amps CT Service _____ amps
- NEW FEEDER (ADDITIONS, ACCESSORY STRUCTURES, ETC.):**
 - 100 amps 150amps 200amps _____ amps CT Service _____ amps
- ADDITIONS, REMODELS, REPAIRS, BUILD-OUTS, ACCESSORY STRUCTURES, ETC:**
 - Outlets/Switches: _____ 0-30amps _____ 31-100amps _____ 101-200amps
 - Appliances: _____ 0-30amps _____ 31-100amps _____ 101-200amps
 - A/C Circuits: _____ 0-60amps _____ 61-100amps
 - Heat Circuits: _____ # circuits @ _____ kw
 - Number of Lighting Outlets, Including Fixtures: _____
- OTHER ELECTRICAL PROJECTS:**
 - Swimming Pool Sign Smoke Detectors _____ (Qty) Transformers _____ KVA Motors _____ HP
- FIRE ALARM SYSTEM (Requires 3 sets of plans):**
 - Qty _____ volts/amps _____
- REPAIRS/MISCELLANEOUS:**
 - Replace Burnt/Damaged Meter Can Safety Inspection Panel Change OH to UG
 - Other: _____

Updated 10/17/18

Permit becomes void if work does not commence within a six month period or work is suspended or abandoned for six months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Owner Name: _____ Phone Number: _____

Electrical Company: _____ Office Phone: _____ Fax: _____

Co. Address: _____ City: _____ State: _____ Zip: _____

License Holder: _____ State Certification/Registration #: _____

Notarized Signature of License Holder _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, in the State of Florida, County of _____

Signature of Notary Public _____

[] Personally Known OR [] Produced Identification

Type of Identification: _____