



City of Daytona Beach Shores  
**BUILDING DIVISION**  
 2990 S. Atlantic Avenue  
 Daytona Beach Shores, FL 32118  
 Phone (386) 763-5377 Fax (386) 763-5370  
 permits@cityofdb.org

**ELECTRICAL PERMIT APPLICATION**

Job/Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner's Email Address: \_\_\_\_\_

Describe Work:

Number of existing meters: \_\_\_\_\_ Number additional meters requested: \_\_\_\_\_

D & R required: Yes \_\_\_\_\_ No \_\_\_\_\_ Meter Number: \_\_\_\_\_

Estimated cost of job: \$ \_\_\_\_\_

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**FOR A REMODEL**

Number of additional circuits: \_\_\_\_\_ Number of altered circuits: \_\_\_\_\_

What will circuits be used for? \_\_\_\_\_

Existing amperage rating: \_\_\_\_\_ Increased amperage rating: \_\_\_\_\_

Is this service single phase or three phase? \_\_\_\_\_

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**FOR NEW CONSTRUCTION**

Size of service: Total amps single phase: \_\_\_\_\_ Total amps three phase: \_\_\_\_\_

Temporary pole required: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of meters required: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Current Volusia County Listing Card & \_\_\_\_\_ State license verified

OR

\_\_\_\_\_ Proof of Liability Insurance with the City of DBS listed as the certificate-holder

\_\_\_\_\_ Proof of Workers' Compensation Insurance or Exemption

\_\_\_\_\_ State license verified

**Send/Sent to Fire Marshal?**

**VCE/Turtle?**

CONTRACTOR INFORMATION

Contractor Name:

Address:

City & Zip:

Phone:

Fax:

State Licenses #:

E-mail:

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NOTICE: Separate permits are required for electrical, plumbing, heating, ventilating or air-conditioning. This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of one (1) year at any time after work is commenced.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER AND CONTRACTOR MUST SIGN APPLICATION

Any person who prescribes a false statement to a Notary Public is guilty of perjury.

OWNER'S AFFIDAVIT: I hereby certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER or AGENT'S SIGNATURE \_\_\_\_\_

OWNER or AGENT'S NAME (PRINTED) \_\_\_\_\_

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires:

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CONTRACTOR'S SIGNATURE \_\_\_\_\_

CONTRACTOR'S NAME (PRINTED) \_\_\_\_\_

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: