



CITY OF TAVARES, FLORIDA

Building Department

TEMPORARY POWER REQUEST

Please print or type in black ink

Project Name: _____ # _____
Permit Number: _____ **Contractor:** _____
Parcel Number: _____
Building Address: _____

This request for temporary power for commercial/residential structures under construction for the purpose of testing the electrical system, operation and maintenance of HVAC systems, electronic monitoring systems and fire protection systems shall be subject to the following restrictions. Violations of any of the restrictions shall result in the immediate termination of power.

1. The electrical distribution system shall be substantially complete. All panels and overcurrent devices installed and all conductors pulled and terminated.
2. All panels not in equipment rooms shall have lockable covers or enclosures.
3. Only the electrical contractor holding the permit for the job may have keys to the equipment rooms or panels. The owner and/or general contractor shall not have access to these areas once power is turned on.
4. Should it be necessary for personnel who are not employees of the electrical contractor to have access to an equipment room or panel, one of the electrical contractor's personnel shall be in the room at all times when any work is performed in the electrical room.
5. Electrical equipment rooms and energized panels shall be kept closed and locked at all times when electrical contractors' personnel are not in the room.
6. The electrical contractor understands that he assumes full liability for any hazards, damages or injuries caused by the power being on, and that the City and/or Building Official assumes no liability for the power or any damages that may result from the use thereof.

We have read, understand and agree with the above terms for temporary power to be energized for the above listed building under construction.

Electrical Contractor: _____ **Signature:** _____ **Print or Type Name:** _____

EC License Number: _____ **Company:** _____

General Contractor: _____ **Signature:** _____ **Print or Type Name:** _____

GC License Number: _____ **Company:** _____

Owner or Owner Agent: _____ **Signature:** _____ **Print or Type Name:** _____

Owner or Owner Agent Company Name: _____