



**PROPERLY COMPLETED ELECTRICAL
SAFETY INSPECTION AFFIDAVIT MUST BE
RECEIVED FOR ALL ELECTRICAL SAFETY
INSPECTIONS PRIOR TO POWER BEING
RELEASED TO UTILITY COMPANY**

PERMIT: _____ DATE: _____

JOB ADDRESS: _____

LOT / SUBDIVISION: _____

COMPANY: _____

I, _____, licensed as an Electrical Contractor,
Please print name
license number _____, did personally inspect the electrical system
License number
of the property stated above on, _____. Based upon that examination
Date & Time
I have determined that the electrical wiring and equipment is in working condition, and
safe to be energized.

Contractor Signature & Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____ 20__ by:

_____. Who is personally known or Produced

Identification. Type of identification: _____.

Notary Public, State of Florida

(Signature of notary)

(SEAL)

Commission No.: _____