



**TOWN OF ORANGE PARK
APPLICATION FOR ELECTRICAL PERMIT
2042 PARK AVENUE
ORANGE PARK, FL 32073
(904) 264-2635**

PERMIT # _____
DATE _____

I. LOCATION OF BUILDING Street Address _____
Building Permit No. _____ or N/A

II. CHARACTERISTICS OF PROPOSED ELECTRICAL WORK – ALL APPLICANTS COMPLETE A & B

- | | | |
|---|---|--|
| A. Use of Building | | B. Nature of Work |
| Residential | Non-Residential | <input type="checkbox"/> New Building |
| <input type="checkbox"/> One Family | <input type="checkbox"/> Amusement, Recreational | <input type="checkbox"/> Existing Building |
| <input type="checkbox"/> Two or More Families | <input type="checkbox"/> Church, Other Religions | <input type="checkbox"/> Rewire |
| Enter number of units _____ | <input type="checkbox"/> Industrial | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Transient, Hotel, Motel, Rooming House | <input type="checkbox"/> Garage, Service Station | <input type="checkbox"/> New Service |
| Enter number of units _____ | <input type="checkbox"/> Office, Bank, Professional | <input type="checkbox"/> Increase Service |
| <input type="checkbox"/> Other Residential _____ | <input type="checkbox"/> School, Library, Educational | <input type="checkbox"/> Repair |
| _____ | <input type="checkbox"/> Store, Mercantile | <input type="checkbox"/> Sign |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Safety Inspection |

III. ELECTRICAL WORK TO BE DONE

New Service: Conductor Size _____ Amps _____ Copper Aluminum
Switch or Breaker _____ Amps _____ PH _____ W _____ Volt _____ Raceway.....

Or:
Existing Service: _____ Amps _____ PH _____ W _____ Volt _____ OH or UG

Feeders: No. _____ Size _____ No. _____ Size _____ No. _____ Size _____
Lighting Outlets No. _____ Concealed _____ Open _____ Total _____

Receptacles: 0-20 Amps _____ 21-50 Amps _____ 51-100 Amps _____ Over 100 Amps _____
Switches: 0-30 Amps _____ 31-100 Amps _____

Lighting Fixtures: Incandescent _____ Fluorescent & M.V. _____

Fixed Appliances: 0-60 Amps _____ 61-100 Amps _____ Over 100 Amps _____

Air Conditioning:

Number	Comp. Motor HP Rating	Other Motors HP Rating	Amp	Ceiling Heat	Heating Kilowatts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Motors or Generators: (0-1 HP)

Number	Voltage	HP/KW
_____	_____	_____
_____	_____	_____

(Over 1 HP)

Number	Voltage	HP/KW
_____	_____	_____
_____	_____	_____

Transformers: (Under 600 Volts)

Number	KVA
_____	_____
_____	_____

(Over 600 Volts)

Number	KVA
_____	_____
_____	_____

Miscellaneous _____

TOTAL FEE _____

IV. IDENTIFICATION – To be completed by all applicants:

I hereby certify that I have read and examined this permit application and know the same to be completed and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regulating construction or the performance of construction. Permit Issuance does not relieve you from the responsibility of obtaining permits from any Federal, State, and /or Local agencies asserting concurrent jurisdiction for this work.

Contractor's Information:

Company: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Email: _____
Master's Name: _____
Master's Signature: _____
ST License #: _____

Owner's Information:

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Owner's Signature: _____

**ALL INSPECTIONS MUST BE CALLED FOR 24 HOURS IN ADVANCE TO (904) 264-2635 OR LOG ONTO
WWW.TOWNOFORANGEPARK.COM/INSPECTIONS**