



Islamorada, Village of Islands  
Building Department

## Pre-Power Request

Date:

Building Permit Number:

Building Identification:

Physical Street Address:

The undersigned hereby requests permission to connect the electric current to the above named building for a maximum period of 180 days prior to final inspection.

TURN ON DATE:

CUT OFF DATE:

The undersigned owner and contractor also understand and agree that approval of this request does not constitute a waiver of procuring a Certificate of Occupancy prior to any type of occupancy of this building. **SHOULD THE BUILDING BE FOUND TO BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY HAVING BEEN ISSUED, THE ISLAMORADA BUILDING DEPARTMENT HAS THE RIGHT TO HAVE THE POWER DISCONNECTED WITHOUT ANY NOTICE OR WARNING.**

**ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained here is true and correct. \*Electronic signatures are not required to be notarized but are only valid for electronic submittal.

### General Contractor:

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Authorized Signature

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State License Number

State of Florida, County of \_\_\_\_\_; Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Stamp:

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Signature of Notary Public

Personally known \_\_\_\_\_ or Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_

### Owner:

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Signature

State of Florida, County of \_\_\_\_\_; Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Stamp:

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Signature of Notary Public

Personally known \_\_\_\_\_ or Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_

### Electrical Contractor:

The undersigned further certifies that the wiring, apparatus, and fixtures of the entire building listed above are in such condition that electrical current may safely be connected therewith for such period of time and there exists a necessity for this request.

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Authorized Signature

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State License Number

State of Florida, County of \_\_\_\_\_; Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Stamp:

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Signature of Notary Public

Personally known \_\_\_\_\_ or Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_

OFFICE USE ONLY:

Approved by: \_\_\_\_\_

Date emailed to FKEC: \_\_\_\_\_