TOWN OF MEDLEY, FLORIDA

7777 N.W. 72nd Avenue
Medley, Florida 33166
305-887-6913
Fax 305-884-4827

ELECTRICAL PERMIT APPLICATION

FOR CASHIER'S VALIDATION ONLY

FOR OFFICIAL USE ONLY

PAID

SERVICE NO. _____

DATE _____

DEPT. _____

JOB DATA		
TYPE	**NUMBER**	**FEE**
OUTLETS, ROUGH WIRING		
TEMPORARY SERVICE		
SERVICE CAPACITY (AMPS)		
SUBFEEDS (AMPS)		
SPECIAL PURPOSE OUTLETS		
FEEDRAIL - # OF FEET		
AIR CONDITIONER (ROOM)		
AIR CONDITIONER (CENTRAL)		
MOTORS (LIST BELOW)		
TRANSFORMERS (LIST BELOW)		
SPACE HEATER		
LIGHT FIXTURES		
T.V./ANTENNA/CABLE		
INTER-COM		
CONTROL PANEL		
ALARM - FIRE/BURGLAR		
ALARM - DEVICES		
SUB-TOTAL		
CODE COMPLIANCE		
TOTAL FEES ➡		

LIST OF MOTORS

NO.	SIZE	FEE	NO.	TRANSFORMER	FEE

Permit application must include a valid property tax folio number in order to be processed. ➡ **Tax Folio #** _____

BUILDING PERMIT NO. | ELECTRICAL PERMIT NO.

CONTRACTING FIRM

CONTRACTOR'S ADDRESS (INCLUDE ZIP CODE) | PHONE

OWNER'S NAME | PHONE

JOB ADDRESS

ESTIMATED JOB COST $_____

Application is hereby made to obtain a permit to do the work and installation as hereon indicated. I certify that no such work or installation has been effected prior to the issuance of said permit and that all work be performed to meet the standards of all laws regulating construction in Miami-Dade County. I further certify that I have checked and am responsible for the adequacy of any existing wiring systems to which the work described in this permit adds extension or makes changes.

_____
SIGNATURE OF CONTRACTOR OR OWNER/BUILDER

INSURANCE DATE: ISSUANCE BY:
DATE OF ISSUANCE:

This permit does not become valid until signed by an authorized representative of the Director, Town of Medley Building and Zoning Department and all fees are paid and receipt acknowledged in the source provided.

Subscribed and sworn to before me this _____ day _____ of _____, _____, by _____ (Name of Affiant)

Personally Known_____ or Produced Identification _____ (Check One)

Type of Identification Produced: _____

Notary Public, State of Florida at Large _____

Notary Public, Print Name_____

My Commission expires_____, _____

BUILDING INFORMATION: OLD ☐ NEW ☐
TYPE OF WORK: ADD ☐ NEW ☐ ALTERATION ☐ REPAIR ☐

APPROVED FOR ISSUANCE

DATE: _____

FOR OFFICIAL USE ONLY

MED_01-5 7/07