



Development Services Department
Building Safety Division
840 W. 11th Street
Panama City, Florida 32401
(850) 248-8350

Form B21

TEMPORARY POWER AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF BAY**

Permit Number: _____

Project Address: _____

I, the Contractor of Record, agree and accept all responsibility to have Temporary Power turned on at the above listed project address. At any time prior to issuance of a Certificate of Occupancy, I authorize the County to have power disconnected from the building or premises noted above.

I acknowledge that authorization for Temporary Power is for a period of 90 days from the date permanent power is applied and an extension of 90 days may be granted if requested.

I affirm that this building, nor any portion thereof, shall not be occupied without the issuance of a Certificate of Occupancy. Violation of this will result in cancellation of Temporary Power.

Contractor