



Community Development Department
Building Safety Division
840 West 11th Street
Panama City, FL 32401
850-248-8350

B19E – ELECTRICAL PERMIT APPLICATION

Residential Commercial

Property Owner	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
Contractor Info	Contractor Company Name:		Phone:	
	Contractor Email:			
	Primary Point of Contact (for Inspection Purposes):			
	Point of Contact Email:		Phone	
	Florida Contractor License or Bay County Competency Card Number:			

Job Value: \$ _____ *(this will include labor, material, and all other associated job costs)*

Check All That Apply:

<input type="checkbox"/>	Repair	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Electric Vehicle Charging Station
<input type="checkbox"/>	Service Change:		AMPS:	<input type="checkbox"/>	Generator & Size:		
<input type="checkbox"/>	Temporary Construction Pole:		AMPS:	<input type="checkbox"/>	Low Voltage		
<input type="checkbox"/>	Miscellaneous Permanent Service Pole:		AMPS:	<input type="checkbox"/>	Safety Inspection / Pre-Power		
<input type="checkbox"/>	Other:						

Use: _____

Scope of Work:

Note: FBC 107.3.5 EXEMPT FROM PLAN REVIEW:
Residential only - Electrical service repair and replacements with no change in service size or location.

Utility Company: GCEC FPL **Will Power be Disconnected:** Yes No

 CONTRACTOR - PRINTED NAME

 OWNER – PRINTED NAME

 CONTRACTOR - SIGNATURE - DATE

 OWNER - SIGNATURE - DATE