



**TOWN OF BELLEAIR  
 BUILDING DEPARTMENT**  
 901 Ponce de Leon Blvd.  
 Belleair, Florida 33756-1096  
 Phone: (727) 588-3769 ext. 215  
 Fax: (727) 588-3768

**ELECTRICAL INSTALLATION LIST**

**NOTICE: THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BEFORE THE PERMIT BECOMES VALID.**

Permit No. \_\_\_\_\_ Homeowner \_\_\_\_\_

License Holder \_\_\_\_\_ Company Name: \_\_\_\_\_  
(Individual's Name)

Contractors Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip. \_\_\_\_\_

Contractors Phone No. \_\_\_\_\_ Fax # \_\_\_\_\_

FL. State License No. \_\_\_\_\_ PCCLB No. \_\_\_\_\_

Jobsite Address \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

**INDICATE TOTAL NUMBER OF EACH TYPE FIXTURE  
 PROPOSED FOR CONSTRUCTION OR INSTALLATION**

**ELECTRICAL**

TYPE POLE \_\_\_\_\_ OUTLETS \_\_\_\_\_ KITCH. FANS \_\_\_\_\_ BATH FANS \_\_\_\_\_  
 BATH HTR. \_\_\_\_\_ WATER HTR. \_\_\_\_\_ RANGE \_\_\_\_\_ DRYER \_\_\_\_\_  
 DISPOSAL \_\_\_\_\_ DISH WASHER \_\_\_\_\_ AIR CONDT. (TON) \_\_\_\_\_ HEAT (KW) \_\_\_\_\_  
 PEDESTAL OR POLE \_\_\_\_\_ SWIM. POOL \_\_\_\_\_ NO. METERS \_\_\_\_\_ NO. WIRES \_\_\_\_\_  
 SERVICE (AMPS) \_\_\_\_\_ TEMP. TRAILER \_\_\_\_\_ GENERATOR \_\_\_\_\_ OTHER \_\_\_\_\_

Work to be performed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MINIMUM REQUIRED INSPECTIONS:**

1<sup>st</sup> Rough (Under Slab), 2<sup>nd</sup> Rough, and/or prior to covering any work, Final

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_