



City of Mascotte

Electrical Checklist for the following:

Generator, Low Voltage, Temporary Power Pole, Service Change, Breaker/Electrical Panel
Residential or Commercial: new installation, modifying, relocating, repairing, upgrading

1. COMPLETED APPLICATION – 2 PAGES
2. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION. LOCATED ON THE LAKE COUNTY PROPERTY APPRAISER WEBSITE.
3. SCOPE OF WORK. ELECTRICAL PLANS
 - a. SERVICE.CHANGE: LOAD CALCULATIONS IF UPGRADING UNIT.
 - b. TEMPORARY.POWER.POLE: RISER DIAGRAM FOR OVERHEAD AND DESCRIPTION OF USE
 - c. LOW.VOLTAGE: FLOOR PLAN WITH DEVICE LOCATIONS AND TYPE OF CABLE, CM OR CL RATING
 - d. GENERATOR: RISER DIAGRAM SHOWING AMPERAGE RATING OR TRANSFER SWITCH, SIZE OF GENERATOR, AND LOAD CALCULATIONS. THE SURVEY REQUIRED INDICATION OF LOCATION, SIZE, SETBACKS, AND DIMENSIONS.
4. NOTICE OF COMMENCEMENT IF JOB COST IS OVER \$5,000.
5. OWNER/BUILDER AFFIDAVIT IF WORK IS BEING CONDUCTED BY THE PROPERTY OWNER.

****Please visit the portal to obtain the following documents if needed:**
Product Approval Worksheet, Permit Application Notification for HOA,
Notice of Commencement, & Owner/Builder Affidavit.

APPLY FOR YOUR PERMIT AT:

<https://mascottefl.portal.iworq.net/portalhome/mascottefl>



BUILDING PERMIT APPLICATION

City of Mascotte

Submit application at:
<https://mascottefl.portal.iworq.net/portalhome/mascottefl>

Related to Code Enforcement Case? : _____
Estimated Construction Cost: _____

*Job Site Address & Parcel ID #: _____

*Digital Applicant/Primary Contact: _____ *Phone: _____

*Email: _____

PROPERTY

*Job/Project Name: _____

*Property Owner Name: _____

Property Owner Email: _____

*Address: _____ Phone: _____

Business Owner Name: _____

Address: _____ Phone: _____

CONTRACTOR

Name: _____

Address: _____

Email: _____

Company Name: _____

Company Address: _____ Phone: _____

PROFESSIONALS

Architect/Engineer's Name: _____

Email: _____

Address: _____ Phone: _____

Bonding Company Name: _____

Fee Simple Titleholder's Name & Address (if other than owner): _____

Mortgage Lender's Name: _____

WORK DESCRIPTION

***Description of proposed work, including: size, dimensions, width, length, height, location, materials**

WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. IF THE ESTIMATED COST OF THIS JOB IS GREATER THAN \$5,000 A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE FILED WITH PERMITTING SERVICES PRIOR TO SCHEDULING YOUR FIRST INSPECTION.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address: _____ Phone: _____
Permit #: _____ (if applicable)

*Property Owner Signature _____ Date: _____

Print Name _____ (Owner)

STATE OF FLORIDA, COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 20_____.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

*Contractor Signature _____ Date: _____

Print Name _____ (Contractor)

STATE OF FLORIDA, COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 20_____.

Notary Public Signature

Print Name: _____ My Commission Expires: _____

CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

PROPERTY OWNER

CONTRACTOR