



TEMPORARY POWER AFFIDAVIT

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

Phone: 850-653-9783 Fax: 850-653-9799

<https://www.franklincountyflorida.com/county-government/planning-building/>

Permit Number: _____

Contractor Name: _____

Job Address: _____

I, the Contractor of Record, agree and accept all responsibility to have temporary power turned on at the above listed job address. At any time prior to issuance of a Certificate of Occupancy, I authorize Franklin 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.

Owner/Contractor Signature

Date
