

**Private Provider Power Release Request Form**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Project Name: \_\_\_\_\_

Located at: \_\_\_\_\_

**Service Provider:** Duke Energy Work Request # \_\_\_\_\_

All inspections required for power release shall be performed and documented by the Private Provider. Inspections to be recorded on Private Provider company letterhead and signed by the inspector performing the inspection and presented to City of Seminole Building Department.

Be it known to all parties that the City of Seminole Building Department has not inspected this property, nor shall this document be presumption of the City of Seminole approval of release of power.

Under Florida Statute 553.791 (20) The Private Provider, the fee Owner(s) representative and the fee owner(s) of said project jointly agree to indemnify and hold harmless the City of Seminole Building Department from all damages, costs and Attorney(s) fees from this action.

**Power to be used for:** Saw Pole \_\_\_\_\_ Temporary Power \_\_\_\_\_ Final \_\_\_\_\_

\_\_\_\_\_  
Private Provider Company Name License #

\_\_\_\_\_  
Qualifier Signature Date

I certify I will maintain ALL POWER in a safe manner until the Certificate of Occupancy is issued. I WILL LOCK OFF ACCESS TO UNCOMPLETED AREAS and/or LOCK OFF SERVICE TO AREAS where exposed wiring has not been completed.

\_\_\_\_\_  
General Contractor Name License #

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Electrical Contractor Name License #

\_\_\_\_\_  
Signature Date

**This portion to be completed by Fire Department (commercial only)**

The \_\_\_\_\_ Fire Department has no objection to the release of Power.

\_\_\_\_\_  
Fire Chief/ Marshall or Inspector Date

**This portion to be completed by City of Seminole**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_