

Temporary Underground Service (TUG)

TO: Growth & Resource Management
Permit Center
123 W. Indiana Ave., Room 203
DeLand, Florida 32720-4253

Date _____

Permit No. _____

****ALL FEES MUST BE PAID RELATED TO THIS BUILDING PERMIT****

Building Identification _____

Address _____

Name of Power Co. _____

The reason for this request is as follows: _____

The undersigned understands and agrees that approval of this request does not constitute a waiver of procuring a Certificate of Occupancy prior to any type of occupancy of this building. Should the building be found occupied without a Certificate of Occupancy having been issued, The Volusia County Building Official has the right to have the power disconnected.

CONSTRUCTION CONTRACTOR

Contractor's Signature Contractor's Name Printed License Number

STATE OF FLORIDA
COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public, State of Florida Print, Type or Stamp Name of Notary
Notarial Seal

OWNER/LEASEHOLDER (If leaseholder; a lease showing at least 29 years must be attached)

Owner's Signature Owner's Name Printed

STATE OF FLORIDA
COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public, State of Florida Print, Type or Stamp Name of Notary
Notarial Seal

ELECTRICAL CONTRACTOR

Electrician's Signature Electrician's Name Printed License Number

STATE OF FLORIDA
COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public, State of Florida Print, Type or Stamp Name of Notary
Notarial Seal