

Flactrical Affidavit

ST. LUCIE WORKS

Electrical Afficavit		
Date		
Parcel ID #		
Address		
Permit #		
I have requested to install an addit By signing this affidavit, I fully agre for the following:		1 1 V
Operation of a business ventRenting or leasing boat dock	•	k
I fully understand that if the condition be shut off to the building without references.		without consent, power could
Print Owner's Name	Signature of Owner	
STATE OF FLORIDA, COUNTY OF		
SWORN TO (OR AFFIRMED) AND SUBSCRIBI ONLINE NOTORIZATION THI	ED BEFORE ME OF S DAY OF	_ PHYSICAL PRESENCE OR,
NAME OF PERSON MAKING STATEMENT		
PERSONALLY KNOWNC	OR PRODUCED IDENTIFICATION	
TYPE OF IDENTIFICATION PRODUCED		
SIGNATURE OF NOTARY PUBLIC	TYPE OR PRINT NOTAL	RY
COMMISSION NUMBER	(SFAL)	

PLANNING & DEVELOPMENT SERVICES | BUILDING DIVISION









