



Post Hurricane Milton – Electrical Safety Inspection Form

Contractors

Address: _____

Parcel ID #: _____

Property Owner: _____

Florida Licensed Contractor: _____

Contractor Phone Number: _____

Contractor Email Address: _____

Date Inspected: _____

<input type="checkbox"/> Electrical Service (greater than 600 amps)	<input type="checkbox"/> Electrical Service (less than 600 amps)
<input type="checkbox"/> Safe to Energize/Power	<input type="checkbox"/> Unsafe to Energize/Power

 Print or Type Name of License Holder and License Number License Holder Signature

**Must be signed by a licensed electrical contractor or licensed design professional*

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of

physical presence or online notarization, this ____ day of _____

20____, by _____, who is personally known to me or who has produced _____ as identification.

 Notary Public Signature

Once completed, please email to BuildingConstruction@CharlotteCountyFL.gov.