



**Community Development Department
 Planning Division**
 4200 Indian Bayou Trail, Destin, FL 32541
 Phone: (850) 837-4242 Fax: (850) 837-7949 or
 (850) 650-0693

Planning Div. Date Received Stamp

OUTDOOR LIGHTING

Building/Construction Permit Application Supplement

JOB SITE ADDRESS: _____

PARCEL ID(S): _____

FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.- _____ - _____

DESCRIPTION OF WORK (Related to Permit Type): _____

ZONING DISTRICT : _____ **REQUIRED SETBACKS:** FRONT: _____ SIDE: _____ REAR: _____

SOUTH OF COASTAL CONSTRUCTION CONTROL LINE? (Y/N)
 (If YES, provide a copy of the FDEP permit)

NOTE: Must attach outdoor lighting plan including characteristics of all lighting; type of illumination, vendor specifications, method of shielding light and light source, photometric plan, measures of illumination with contours indicating light source at the property lines and ten feet into adjoining properties, including right-of-way.

WHITE SAND ZONE: ZONE I / ZONE II / NONE **FEMA FLOOD ZONE(S) & BASE FLOOD EL.:** _____

ADDED IMPERVIOUS AREA: _____ **SQ. FT.**

- Added area is 250 sq. ft. or less, eligible for one event exemption. Refer to Building Division file for event exemption status.
- Greater than 250 and less than 750 sq. ft., applicant must meet the requirements of LDC, Article 10, Section 10.03.02.I.2.b.
- If 750 sq. ft. or more, applicant must provide a Stormwater Management Plan (See applicable Permit Checklist)

Planner: _____ **Date:** _____

Stormwater Specialist/Floodplain Manager: _____ **Date:** _____



Community Development Department Building Division

4200 Indian Bayou Trail, Destin, Fl. 32541
Ph: (850) 654-1119 Fax: (850) 837-7949

Electrical Permit Application

JOB SITE ADDRESS: _____ PROJECT ID: _____

PARCEL ID: _____ LOT: ___ BLOCK: ___ SUBDIVISION: _____

DATE: _____ CONTRACTOR: _____

PROPERTY OWNER: _____ QUALIFIER NAME: _____

ADDRESS: _____ STATE LICENSE #: _____ COMP#: _____

CITY, STATE, ZIP: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CITY, STATE, ZIP: _____

MOBILE/CELL: _____ PHONE: _____ FAX: _____

CONTACT PERSON: _____

NEC CODE ISSUE: _____ MOBILE/CELL: _____

BUILDING TYPE: SINGLE FAMILY MULTI FAMILY COMMERCIAL

GIVE DESCRIPTION OF WORK TO BE DONE: _____

IMPROVEMENT TYPE: NEW SERVICE CHANGE OUT UPGRADE REPAIR ADDITION RENOVATION

TEMP POLE POOL/POOLHEATER SIGN PUMP/WELL LIFT STATION GENERATOR

LOW VOLTAGE _____ NUMBER OF SYSTEMS

SERVICE: AMPS _____ VOLTAGE: _____ PHASE: _____ INCREASE TO: AMPS _____ VOLTAGE: _____ PHASE: _____

SERVICE CONDUCTORS: _____ NUMBER OF METERS: _____

NUMBER OF CIRCUITS ALTERED OR ADDED: _____

SERVICE SUPPLY, FROM PAD MOUNTED TRANSFORMER KVA RATING: _____ AVAILABLE FAULT CURRENT: _____

TOTAL VALUE (MATERIAL & LABOR): \$ _____

If the direct contract is greater than \$2500.00, the applicant/owner must file a NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for BUILDING, PLUMBING, MECHANICAL, SIGNS, POOLS, ROOFING, and DOCKS, etc.

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Contractor/Owner Signature: _____ Date: _____

Reviewed By: (Permit Official) _____ Date: _____

Contractor/Owner Printed Name: _____ Date: _____

Received By: (Initials) _____ Date: _____