

City of Fort Worth – Planning & Development Department – Electrical Division
Application for Temporary Electrical Power
Fax Number – 817-392-8116

Temporary Electrical Power Letter

All *Temporary Electrical Power* letters must be approved by an electrical inspector and a fee, as specified in the Electrical Code, is required prior to the inspection by this department. Temporary permits are limited to sixty (60) days at which time they automatically expire unless extended in writing by an electrical inspector.

The owner/applicant agrees that, if upon inspection of said premises by an electrical inspector; such wiring methods and/or electrical equipment is/are to be so approved by him/her; the applicant will correct the violation(s) in conformance with the requirements of City Ordinance **15994 & 16028**. The owner/applicant further agrees that, if any other city inspection violations are so noted; and have not been corrected, or if the changes have not been made within sixty (60) days after such inspection, the City may have service disconnected to said owner/applicant until such changes have been made and approval by the electrical inspector has been given.

The owner/applicant agrees to release the City of Fort Worth, and its agents from any and all liability of every kind and nature for damages to persons and/or property which may occur from defective wiring methods and/or electrical equipment and hereby agrees to indemnify the City of Fort Worth and its agents for and to hold the City of Fort Worth and its agents harmless from any and all such liability.

APPLICANT USE:

WARNING: Signing of this document does not authorize occupancy of this structure.
Applicant Initial _____

Comm: _____ Resd: _____ 3rd Party: _____

Please Check One:

<input type="checkbox"/> Cold Weather	<input type="checkbox"/> Clean and Show
<input type="checkbox"/> New Construction	<input type="checkbox"/> Ordinance Inspection Turndown
<input type="checkbox"/> Other	<input type="checkbox"/> Repair-Remodel w/wo Electrical

Related Permit Numbers (If Applicable): _____

Job Address: _____

Owner/Agent (Print): _____ Telephone: _____

Master Electrician (Signature): _____ License #: _____

Contractor (Print): _____ License #: _____

Return Fax Number: _____

I hereby certify that I am the owner/authorized agent of said property and that the information given above is true and correct to the best of my knowledge. I further agree to the condition of this letter.

Owner/Agent Signature

Date

Payment Methods Available: Master Card: _____ Visa: _____ American Express: _____ Discover: _____

Card #: _____ Expire Date: _____ 3 Digit CVS Code: _____

Cardholder's Name: _____ Card Street Billing Address: _____

Signature: _____ Card Billing Zip Code: _____

OFFICE USE:

PERMIT #: _____ Hook-Up Dates: _____

Inspectors Signature: _____ Date: _____