



SEMINOLE TRIBE OF FLORIDA  
TRIBAL INSPECTOR' DEPARTMENT  
6363 TAFT ST. SUITE 308  
HOLLYWOOD, FL. 33024  
OFFICE: (954) 894-1080 FAX: (954) 989-1571  
EMAIL: [BUILDINGDEPT@SEMTRIBE.COM](mailto:BUILDINGDEPT@SEMTRIBE.COM)

## Power Release Form

**Must provide at OK FOR POWER (Power Release) Inspection**

### Instructions:

- Contractor must schedule the OK for Power (Power Release) and Rough Electric Inspections
- Electrical Contractor must sign the form confirming that the unit is ready to be energized
- Electrical Contractor must have the signed form ONSITE to obtain Inspector's Signature
- Electrical Contractor must submit the two signatures signed form to [BuildingDept@semtribe.com](mailto:BuildingDept@semtribe.com) in a PDF format (no photos accepted)

This request for Power Release, approved by the Tribal Inspector's Office for;

Electrical Building Permit Number: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_.

In accordance with 2020 Florida Building Code Section 112.2 of the 2023 Florida Building Code, the Building Official shall have the authority to authorize power connection to the public utility system. The connection and utilization of the connected equipment may be approved when the permit holder demonstrates to the Building Official's satisfaction that public health, safety, and welfare will not be endangered. The building and/or electrical contractor agrees to assume responsibility for maintaining the installation in such a manner that there is no hazard to life and property.

In accordance with Section 112.3 of the 2020 Florida Building Code, the Building Official shall have the authority to authorize the disconnection of utility service to the building where necessary to eliminate hazards to life or property, or when the connection has been made without such authorization.

**This form requires the following signatures prior to power being released. The undersigned acknowledges the stipulations listed herein and requests power be released.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Electrical Contractor (Qualifier)

Electrical Contractor Company Name & Lic. #: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature of Tribal Electrical Inspector

\_\_\_\_\_  
Print Name