

Inspection Affidavit
Generator Installation with Automatic Transfer Switch

Job Site Address _____

Owner's Name _____

Electrical Contractor's Name _____

Electrical Contractor's License Number _____

As the licensed electrical contractor or as the property owner listed above, acting in accordance with FS CH489.103, I performed a load calculation following the requirements of Article 220 of NFPA 70 at the job site above and have determined the installation meets the requirements of Article 702 of the 2008 edition of NFPA 70.

If you are only doing the following work, please indicate by placing a checkmark:

_____ Transfer switch only (additional permitting is required for generator installations)

Signature of Electrical Contractor License Holder or Owner

Printed Name of Signer

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by

_____ who is _____ personally known or _____ produced

identification. Type of identification produced _____.

Notary Public, State of Florida

Notary Signature

Stamp/Commission Number