



Pasco County Building Inspections Division
8661 Citizens Drive, Suite 100
New Port Richey, FL 34654
(727) 847-8127

Pasco County Building Inspection Division
Temporary Underground (TUG) Electrical Service

Date _____

The undersigned requests a TUG electrical release from _____
(Power Company)

Building Permit Number: _____ Address: _____

Parcel ID: S _____ T _____ R _____ Sub _____ Blk _____ Lot _____

I understand that all temporary electrical releases granted by Pasco County are subject to the following conditions:

- 1) If the above is granted, a TUG power release will be given to the Electrical Contractor only, for a period of time needed to complete building and transfer to permanent power upon successful passing of the final electric inspection.
2) The undersigned contractor shall appear and defend all actions against Pasco County arising out of the exercise of said release and shall indemnify and hold Pasco County, its officers, employees, and agents harmless and free of all claims, demands, actions, or cause of action of every kind and description arising out of or in any way connected with the exercise of said release.
3) If the building is occupied by owner or tenant without valid Certificate of Occupancy, the undersigned may be prosecuted pursuant to Pasco County Code and will not be entitled to future power releases prior to issuance of the Certificate of Occupancy.
4) I have read and understand the program requirements and will comply fully with those requirements. I agree that this release is for the TUG Meter and panel and associated receptacles located outside the house only, and also agree not to energize any other panels or circuitry located inside the building until a final electric inspection has been passed.
5) It is the Contractors responsibility to verify approval of the TUG Service by the Power Company.
6) All impact/combat rescue fees must be paid in advance of release.
7) An inspection is required to release power and cannot be done until lential inspection passes.

I agree to the above conditions: By: _____
(Electrical Contractor Signature)

Name: _____
(Print Name)

Title: _____ Phone Number: _____
(Electrical Contractor or Authorized Agent)

Office Use only

Building Permit # _____

TUG permit # issued _____

Impact fees Paid _____

Intake Clerk _____