

CITY OF DECATUR
COMMUNITY DEVELOPMENT DEPARTMENT

AUTHORIZATION OF TEMPORARY POWER
FOR AN EXISTING BUILDING

Date: _____

ADDRESS: _____

CONTRACTOR: _____

This agreement between the Contractor for the premises located at the above referenced address and the City of Decatur Community Development Department is made as an inducement to the City to secure authorization for the connection of utilities on a temporary basis for the purpose of completing the repairs, modifications, and alterations necessary to make the building conform to the intent of the adopted codes and ordinances of the City as determined by the Code Official or his authorized agents. If a determination is made by the Code Official that the building meets the intent of the codes and regulations that are applicable for the occupancy contemplated by the applicant, then the appropriate Certificate of Corrective Action will be issued.

The time period for which temporary utilities are requested is _____ days. During this time period the contractor will complete all required modifications, repairs, and alterations to render the building substantially compliant with the codes and regulations heretofore mentioned and furnish evidence of compliance to the Code Official. **The Structure is not to be occupied during this period of time.**

If the person(s) to which temporary power is granted under this agreement fails to complete the required repairs as described above, then the City of Decatur shall notify the utilities service provider to disconnect all utilities. In the case where permits are deemed unnecessary to receive a Certificate of Corrective Action, as determined by the Code Official or his agents, then the applicant will not be bound by this agreement and the utilities connected by this agreement shall be authorized for connection in the applicant's name upon issuance of the Certificate of Corrective Action.

THIS AGREEMENT EXPIRES: _____

REASON UTILITIES ARE NEEDED: Need electrical power to perform required repairs.

AGREED & SIGNED: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

APPROVED BY: _____ DATE: _____