

Air Conditioner Replacement or Repair Application #75537



Friday, March 13, 2026 11:23 AM

Checklist:

<input type="checkbox"/> Address	<input type="checkbox"/> Application Submitted	<input type="checkbox"/> Legal Lot of Record
<input type="checkbox"/> Drive/ROW	<input type="checkbox"/> Zoning Review	<input type="checkbox"/> Flood Zone
<input type="checkbox"/> Septic	<input type="checkbox"/> Plans Reviewed	<input type="checkbox"/> FDEP Needed
<input type="checkbox"/> Site Use Approved	<input type="checkbox"/> Required Inspections Assigned	<input type="checkbox"/> Invoiced
<input type="checkbox"/> Docs Reviewed/Accepted		

APPLICANT: James Grady PHONE: (407) 593-4618

ADDRESS: 2559 NE 18th Ter Suite 20, Gainesville, FL 32609

OWNER: NORTH CENTRAL FLORIDA HOSPICE INC PHONE: (904) 383-5903

ADDRESS: 6037 W US HIGHWAY 90 LAKE CITY, FL 32055

PARCEL ID: 29-3S-16-02382-006 SUBDIVISION:

LOT: BLOCK: PHASE: UNIT: ACRES: 6.79

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
JAMES A GRADY	General	CAC057724	TWC SERVICES, INC.

JOB DETAILS

Unit for? Business

If "Other", please explain

Unit Type Split-System

Work details for job? Replacement Unit-Change Out(Only)

Exterior Equipment Location Ground

Roof top install:

Model CHL091LMA0A000/FHL091L2AA0AUA

Seer EER 11.2

Size (Ton): 7.5

Total Estimated Cost 33573.41

Commercial or Residential Commercial

Commercial type of Building: Hospice Center

Description of Work Like for like changeout of Split AC System #6

Matched systems are required. Select one of the following means: AHRI data

Review Notes: