

Air Conditioner Replacement or Repair Application #75536



Friday, March 13, 2026 11:13 AM

Checklist:

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

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

ADDRESS: 2559 NE 18th Terr 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 Grady	General	CAC057724	TWC Services, Inc.

JOB DETAILS

Unit for? Business

If "Other", please explain Haven Hospice

Unit Type Split-System

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

Exterior Equipment Location Ground

Roof top install:

Model Please see description

Seer EER 11

Size (Ton): 10

Total Estimated Cost 42540.35

Commercial or Residential Commercial

Commercial type of Building: Hospice Center

Description of Work Like for like replacement of Split AC System #2. Model #CHL121LMA0A000/FHL120L2AA0AUA

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

Review Notes: