

# Electrical Service (DO NOT use for Generator Install) Application #77070



Wednesday, July 22, 2026 1:25 PM

## Checklist:

|                            |                                   |                         |
|----------------------------|-----------------------------------|-------------------------|
| ___ Address                | ___ Application Submitted         |                         |
| ___ Drive/ROW              | ___ Zoning Review                 | ___ Legal Lot of Record |
| ___ Septic                 | ___ Plans Reviewed                | ___ Flood Zone          |
| ___ Site Use Approved      | ___ Required Inspections Assigned | ___ FDEP Needed         |
| ___ Docs Reviewed/Accepted | ___ Invoiced                      |                         |

APPLICANT: OM DEITENBECK

PHONE: (352) 363-8217

ADDRESS: 20624 NW COUNTY ROAD 236 HIGH SPRINGS, FL. 32643

OWNER: OM NARAYANA TRAPAGA DEITENBECK,

PHONE: (352) 363-8217

ADDRESS: 299 SW HUGHES JORDAN GLN HIGH SPRINGS, FL 32643

PARCEL ID: 33-6S-17-09837-003

SUBDIVISION:

LOT: BLOCK: PHASE: UNIT: ACRES: 2.04

| CONTRACTOR    | TYPE    | LIC# | BUSINESS NAME |
|---------------|---------|------|---------------|
| OM DEITENBECK | General |      |               |

### JOB DETAILS

|                                                  |                   |
|--------------------------------------------------|-------------------|
| Residential or Commercial?                       | Residential       |
| Is the power service?                            | New Power Service |
| What is the power service for?                   | Well              |
| Other job details:                               | Agriculture       |
| Special Temporary Use Permit #                   |                   |
| Type of RV Permit:                               |                   |
| Power Company                                    | Clay Electric     |
| Meter or Account:                                |                   |
| Meter or Account #:                              |                   |
| Number of requested AMPS for electrical service: | 200               |
| Estimated Electrical Cost                        | 0.00              |
| Is the power currently on?                       | No                |
| If No, how long has the power been disconnected? | > 6 Months        |
| Septic # (00-0000) or (X00-000)                  | X26-092           |
| How many houses on this property?                | 0                 |
| COMMERCIAL ONLY - Cost of Job?                   |                   |

Review Notes: NEEDED:

\*ENV HEALTH APPROVAL-- CONTACT386.758.1058