## **Generator Application #72709**





| Checklist:  |                       |              |   |                          |
|---|-----------------------|--------------|---|--------------------------|
| AddressDrive/ROWSepticSite Use ApprovedDocs Reviewed/Accepted | Zoning Re             |              | Legal Lot of<br>Flood Zone<br>ssignedFDEP Neede |                          |
| APPLICANT: Jack Phillips                                      |                       |              | <b>PHONE</b> : (386) 93                         | 5-2832                   |
| <b>ADDRESS:</b> 7585 216th St, Obrien, Fl 32071               |                       |              |   |                          |
| OWNER: STEWARD ANITA  | PHONE: (386) 365-5410 |              |   |                          |
| ADDRESS: 189 SW PHEASANT WAY LAKE                             | E CITY, FL 32024      |              | <u> </u>  |                          |
| PARCEL ID: 15-4S-16-03023-119                                 |                       | SUBDIVISION: | CALLAWAY PHASE 1                                |                          |
| LOT: _19BLOCK:  | PHASE:                |              | UNIT:   | <b>ACRES</b> : 0.50      |
| CONTRACTOR  | TYPE                  | LIC#         | BUSINESS NAME                                   |                          |
| Jack Phillips   | General               | FI           | Security Safe Comp                              | pany, Inc.               |
| JOB DETAILS   |                       | <u>'</u>     |   |                          |
| Residential or Commercial?                                    |                       |              |   | Residential              |
| What is the power service for?                                |                       |              |   | Existing Site Built Home |
| Other job details:  |                       |              |   |                          |
| Special Temporary Use Permit #                                |                       |              |   |                          |
| Type of RV Permit:  |                       |              |   |                          |
| Power Company   |                       |              |   | Clay Electric            |
| Meter or Account:   |                       |              |   |                          |
| Meter or Account #:   |                       |              |   |                          |
| Number of requested AMPS for electrical servi                 | ce:                   |              |   | 200                      |
| Estimated Electrical Cost                                     |                       |              |   | 1500.00                  |
| Is the power currently on?                                    |                       |              |   | Yes                      |
| If No, how long has the power been disconnec                  | ted?                  |              |   |                          |
| Septic # (00-0000) or (X00-000)                               |                       |              |   | x25                      |
| How many houses on this property?                             |                       |              |   |                          |
| COMMERCIAL ONLY - Cost of Job?                                |                       |              |   |                          |
|   |                       |              |   |                          |

## **Review Notes:**