Generator Application #72880





| Checklist: | | | | |
|---|---|------------------|--|-------------------------|
| AddressDrive/ROWSepticSite Use ApprovedDocs Reviewed/Accepted | Application SZoning ReviePlans ReviewRequired InsInvoiced | w | Legal Lot of Recor Flood Zone dFDEP Needed | ·d |
| APPLICANT: CHRISTOPHER SHEA | | | PHONE : (352) 629-8617 | |
| ADDRESS: 3621 NW 27TH AVE. OCALA, F | L. 34475 | | | |
| OWNER: HOWARD DANIEL J, HOWARD EVELYN R PHONE: (386) 466-6912 | | | | |
| ADDRESS: 517 SE SHARON LN LAKE CIT | Y, FL 32025 | | | |
| PARCEL ID: 15-4S-17-08355-115 | SI | JBDIVISION: PERF | RY PLACE | |
| LOT: _15BLOCK: _A | PHASE: | | UNIT: | ACRES: 0.92 |
| CONTRACTOR | TYPE | LIC# | BUSINESS NAME | |
| CHRISTOPHER SHEA | General | EC-13004066 | TRADEMARK ELECTRIC | |
| JOB DETAILS | | | | |
| Residential or Commercial? | | | | Residential |
| What is the power service for? | | | | Existing Mobile Home |
| Other job details: | | | | |
| Special Temporary Use Permit # | | | | |
| Type of RV Permit: | | | | |
| Power Company | | | | Florida Power and Light |
| Meter or Account: | | | | |
| Meter or Account #: | | | | |
| Number of requested AMPS for electrical servi | ce: | | | 200 |
| Estimated Electrical Cost | | | | 4100.00 |
| Is the power currently on? | | | | Yes |
| If No, how long has the power been disconnec | ted? | | | |
| Septic # (00-0000) or (X00-000) | | | | 0 |
| How many houses on this property? | | | | 1 |
| COMMERCIAL ONLY - Cost of Job? | | | | |
| | | | | |

Review Notes: