

Commercial New Project and Contact Information



Project Name _____
 Address _____ City _____ ,Fl. Zip _____
 Permit # _____ Permitting Agency _____

Contractor Name : _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Cell phone # _____
 Fax # _____ Email _____
 Property Owner : _____
 Phone # _____ Cell phone # _____
 Fax # _____ Email _____

Business Type: Retail Center Medical Office Commercial Office Department Store
 Grocery Store Restaurant Bank Warehouse Retirement Center
 School industrial/manufacturing Church Other _____

Type of Service Requested (if available) <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	Desired Date for Permanent Service _____/_____/_____
Type of Temp Service (if available) <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	Desired Date for Temp Service _____/_____/_____
Desired Voltage: Service Amp size _____ <input type="checkbox"/> 120/208 Single Phase <input type="checkbox"/> 120/208 three phase <input type="checkbox"/> 120/240 Single Phase <input type="checkbox"/> 120/240 Three Phase <input type="checkbox"/> <input type="checkbox"/> 277/480 Three Phase	Lighting Load KW _____ AC tons _____ Heat Pump tons _____ Elect Resistance Heating _____ Kw Largest Motor Load _____ HP Total Motor Load _____ HP

Please provide a copy of the site plan (if not in the City Limits of Leesburg), and a copy of the building permit with this information sheet.
 Service Planners can be reached at 352-728-9786 or by fax at 352-326-6621