



DE Contact: Justin Huamani

Address: 2166 Palmetto St. Clearwater, FL 33765

Phone: (908) - 763 - 5409

Lighting Proposal

WO 51468472

January 10, 2024

Project Details

Customer: HERNANDO CO BD OF CO COMM

Account:

Site: 17050 Springhill Dr

Contact: Erik

Phone: 352-651-8265

Scope of Request

INSTALL - (10) 35' PROMENADE
INSTALL - (6) 150W TYPE IV SHOEBOX LED
INSTALL - (4) 150W TYPE IV SHOEBOX LED
Trench- 1217' UG SECONDARY, AND INSTALL 1.5"
CONDUIT

Quantity Required	Product Description Fixtures and Poles	Per Unit				Sub-Total
		Rental	Maint.	Fuel & Energy	Unit Total	
6	150W LED Shoebox 3K Black Type IV L150XBL4	\$14.12	\$1.39	\$5.26	\$20.77	\$124.62
4	150W LED Shoebox 3K Black Type V L150XBL5	\$14.12	\$1.39	\$5.26	\$20.77	\$83.08
10	35' PROMENADE, Black Conc P418	\$20.56	\$0.00	\$0.00	\$20.56	\$205.60
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
Rental, Maintenance, F&E Totals:		\$346.80	\$13.90	\$52.60		
Monthly rates are subject to tariff rate changes		Estimated Monthly Rental				\$413.30
		† Deposit				\$827.00
Estimates valid for 30 days and subject to change.		Choose	<input type="checkbox"/> ♦ CIAC	ONE TIME PAYMENT		\$31,537.57
		One	<input type="checkbox"/> * MLDF	MONTHLY PAYMENT		N/A

Estimated Monthly Rental excludes any applicable taxes, franchise fees or customer charge.

† Deposit - The required deposit (applied separately to your lighting bill) will equal approximately two months of the monthly rental bill, but no less than \$25.00 and subject to change upon review of the account's existing deposit.

♦ CIAC - The one time invoice for the Contribution in Aid of Construction will be mailed to you separately upon approval of this proposal and payment is due before the work can be released to scheduling of construction.

OR

* MLDF - This Monthly Lighting Distribution Fee will be billed to you separately each month is 1.59% of the Underground or Overhead Service feed and pole installation.

Choose ONE Option by Checking a Box Above

In order for us to proceed with the above proposed lighting design we will need an authorized signature on this proposal and any other required documents enclosed. Do not remit any payment with this form and do not fax.

Return these signed documents to the mailing address above or email the color scanned PDF if instructed.

The CIAC charge is subject to change after 30 days or in the event you request or cause any changes to this proposal.

Duke Energy will call for locate of all public facilities. Any customer owned utilities would need to be located and marked at your expense.

If any or all of these lighting facilities will eventually be submitted to a governmental agency for inclusion into a taxing district, MSTU or MSBU special assessment program, please verify that these facilities & charges meet the requirements within that jurisdiction. Should the agency not accept these facilities & charges into their program, the entity who signs the Lighting Service Contract will remain responsible for payment.

Thank you for your lighting request. We look forward to working with you on this project.

Authorized Signature _____

Date _____

(Please sign and date to approve this proposal and return via email or the mailing address above)

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY _____

County Attorney's Office