



Columbia County Utility Service
 P O Box 969
 Lake City, Florida 32056-0969
 Phone: (386) 719-7565

Customer Service Hours:
 Monday – Friday
 From 7:30 A.M. to 4:30 P.M.
 Email: utilities@columbiacountyfla.com

COMMERCIAL SERVICE APPLICATION

Business Name: _____

Doing Business As: _____

Service Address: _____

Parcel ID #'s: _____ **Parcel Zoned:** _____

Mailing Address: _____

Federal ID Number: _____ **Business Phone:** _____

Business Owner/Principal: _____ **Phone Number:** _____

Point of Contact: _____ **Secondary Phone:** _____

Moving/Transfer Disconnect Address: _____ **Date:** _____

If tenant, the following is REQUIRED:

Property Owner's Name: _____ **Property Owner's Phone:** _____

Property Owner's Address: _____

Date you would like service to start: _____

Water Meter Sizes requested: _____ **Projected Flows (GPD):** _____

Irrigation Meter Sizes requested: _____ **Projected Flows (GPD):** _____

Fire: (Line Size & # hydrants): _____ **Sewer Connections size:** _____

Project Description: _____

“Important Notice to Customer: **please read and sign below**”

“I hereby make application to Columbia County Florida for utility service to be supplied at the address herein described, and upon approval of said application agree to abide by all ordinances, provisions, and applicable rules of Columbia County in regard to its service of the Utility system and agree to pay for such services in accordance with rules and regulations in effect at the time of delivery.

”I hereby authorize the employees of Columbia County Utility Services to go onto my premises for the purpose of installing and maintaining the necessary equipment and materials for providing water and/or sewage services to the address herein described.

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

Utility Service Area: Ellisville

Potable Water

Capacity Remaining: _____ Capacity Requested: _____

Signature: _____ Date _____

Sanitary Sewer

Capacity Remaining: _____ Capacity Requested: _____

Type of Establishment _____

Signature: _____ Date _____

Zoning

Are permits required? Yes No Zoning approval needed? Yes No

Signature: _____ Date _____

Fees

Service Deposit Amount: \$ _____ Check # _____

Service Connection Amount: \$ _____ Check # _____

Capacity Charge Amount: \$ _____ Check # _____ or Billed: _____

Signature: _____ Date _____

Installation

Correct Backflow Prevention Installed: Yes No

Meter Serial Number: _____ Meter Size: _____

Comments: _____ Initial Meter Reading _____

Signature: _____ Date _____