

Columbia County, Florida

Electric Service Affidavit

*Required for NEW Electric Service ONLY



Scan QR Code to make application



Property Information

Applicant/Affiant Name: Larica Fiedle-Turner
 Subject Property Address: 532 NW Brindley Terrace
 City/State: Lake City, FL Zip Code: 32055
 Parcel ID (if known): 09-055-16-02049-127

1. Eligibility & Authority

I, the undersigned affiant, being first duly sworn, hereby state and acknowledge the following:
 I am eighteen (18) years of age or older, and I am the property owner, authorized agent, or licensed contractor requesting electrical service for the above property.

2. Intended Use of Service

Electrical service is requested for the following purpose: Agricultural Pole Barn
 Amps Requested: 200
 Intended Use (Residential/Non-Residential/Other): Residential
 Affiant agrees the electrical service will not be used for any other purpose unless additional approvals and/or permits are first obtained.

3. Regulatory compliance

I understand that this request is subject to compliance with:
 • Columbia County Land Development Regulations (LDRs)
 • Chapter 553, Florida Statutes (Florida Building Code)
 • Chapter 489, Florida Statutes (Contractor Licensing)
 • Florida Department of Health / Environmental approval for non-residential service where applicable

4. Misrepresentation

Any misrepresentation or use of electrical service for unapproved purposes may result in the County requesting the utility provider to disconnect service without further notice

5. Inspection & Access

Columbia County Building and Zoning Department personnel may enter the property at reasonable times, after notice to the owner/affiant, to verify compliance with all deed restriction

6. Responsibility & Indemnification

I understand that it is my responsibility to ensure compliance with all deed restrictions, homeowners' association rules, and private covenants
 I release and hold harmless Columbia County, its officers, and employees from any liability arising from the granting of this electrical service affidavit

Owner's Phone Number: 864 5905990

Owner's Printed Name: Larica Fiedle-Turner

Owner's Signature: [Signature] Date: 4/14/26

NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: FL

COUNTY OF: Columbia

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this day of 4, 2026, by FL DC, who is personally known to me or has provided the following identification:

Notary Public Printed Name: Neonta Anderson
 Notary Public Signature: [Signature]
 (Seal)

