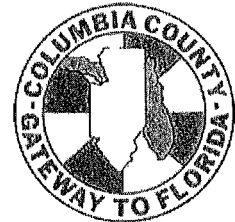


Columbia County, Florida

Electric Service Affidavit

*Required for NEW
Electric Service ONLY



Property Information

Applicant/Affiant Name: Sheila Pausa
(MUST BE CONTRACTOR OR OWNER)
Subject Property Address: Lot 46 SW Roanoke Terr
City/State: North White Fl Zip Code 32038
Parcel ID (if known): 0265160 3766146



Scan QR Code to
make application

Affidavit

I, the undersigned affiant, being first duly sworn, hereby state and acknowledge the following

1 Eligibility & Authority

- 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: well
 - 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: 386 288-8646

Owner's Printed Name: Sheila Pausa

Owner's Signature: [Signature] Date: 8/28/26

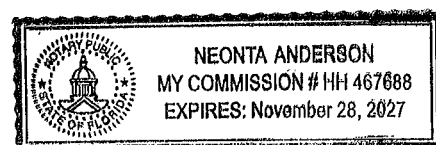
NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: Florida
COUNTY OF: Columbia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 28 day of Aug, 2026, by _____, who is ☐ personally known to me or ☐ has provided the following identification: _____

Notary Public Printed Name: Neonta Anderson (Seal)

Notary Public Signature: [Signature]



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