

Columbia County, Florida

Electric Service Affidavit

*Required for NEW Electric Service ONLY



Property Information

Applicant/Affiant Name: Robert Milliken
(MUST BE CONTRACTOR OR OWNER)
Subject Property Address: 3617 SE CR 18
City/State: Lake City FL Zip Code: _____
Parcel ID (if known): 19-00-19-10026-000 _____



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: Tree Farm. Power needed for wells.
 - Amps Requested: 400
 - Intended Use (Residential/Non-Residential/Other): Non residential / Farming
- 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: 352 339 4653

Owner's Printed Name: Robert Milliken

Owner's Signature: [Signature]

Date: 4-16-26

NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: FL

COUNTY OF: Alachua

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 16 day of April, 2026, by Robert Milliken, who is personally known to me or has provided the following identification: FLDL

Notary Public Printed Name: Leslie Wood

(Seal)

Notary Public Signature: [Signature]

