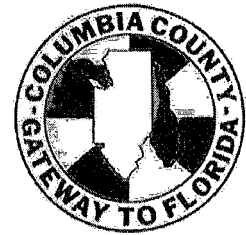


# Columbia County, Florida

## Electric Service Affidavit

\*Required for NEW  
Electric Service ONLY



### Property Information

Applicant/Affiant Name: Traci Pace  
(MUST BE CONTRACTOR OR OWNER)  
Subject Property Address: 235 NW Edgar Ter  
City/State: Lake City FL Zip Code: 32055  
Parcel ID (if known): \_\_\_\_\_



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: Storage shed
  - Amps Requested: 200
  - Intended Use (Residential/Non-Residential/Other): \_\_\_\_\_
- 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: 386-288-2313

Owner's Printed Name: Traci Pace

Owner's Signature: [Signature] Date: 9-18-20

### 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is ☐ personally known to me or ☐ has provided the following identification: DL # P432-847-25-000-0

Notary Public Printed Name: Josie Gaskins (Seal)

Notary Public Signature: [Signature]

