

Columbia County, Florida

Electric Service Affidavit

*Required for NEW
Electric Service ONLY



Property Information

Applicant/Affiant Name: Daniel Gavlinski
(MUST BE CONTRACTOR OR OWNER)
Subject Property Address: 356 NW Cimarron Way
City/State: Lake City FL Zip Code: 32055
Parcel ID (if known): 14-35-16-02117-211



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:
• Amps Requested:
• 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: 904-813-1587

Owner's Printed Name: Daniel Gavlinski

Owner's Signature: [Signature] Date: 01/28/2026

NOTARY PUBLIC ACKNOWLEDGMENT (Required)

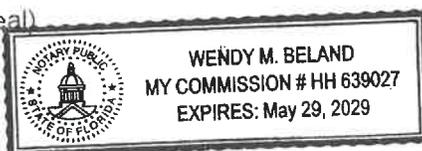
STATE OF: Florida
COUNTY OF: Duval

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

Notary Public Printed Name: Wendy M. Beland

Notary Public Signature: [Signature]

(Seal)



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I/We, Daniel and Elaine Gavlinski
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)

as the owner of the below described property:

Property Tax Parcel ID # 14-35-16-02117-211

Subdivision Lot 11, Moore Haven
(Name, Lot, Block, Phase)

Give my permission for _____ to place a:
(Name of person authorized by owner to sign as owner or place structure - NOT CONTRACTOR OR COMPANY NAME)

Select one: Mobile Home Travel Trailer (RV) Utility Pole Only Barn Shed
 Single Family Home Right-of-Way Garage Other (specify):
Meter Can / Electric

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on the property.

Daniel Gavlinski
Printed Name of Signor

Daniel Gavlinski
Signature

01/28/2026
Date

Elaine Gavlinski
Printed Name of Signor

Elaine Gavlinski
Signature

01/28/2026
Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me on this 28 day of January, 2026

and is personally known or produced the following ID: _____

Wendy M. Beland
Printed Name of Notary

Wendy M. Beland
Signature

Notary Stamp:

