

# Columbia County, Florida

## Electric Service Affidavit

\*Required for NEW  
Electric Service ONLY



### Property Information

Applicant/Affiant Name: Charles Garman  
(MUST BE CONTRACTOR OR OWNER)  
Subject Property Address: 245 SW Magnolia Ln  
City/State: Fort White FL Zip Code: 32038  
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:

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: 352-215-7037

Owner's Printed Name: Charles Garman

Owner's Signature: [Signature]

Date: 1-14-26

### NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: FLORIDA

COUNTY OF: ALACHUA

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 14 day of January, 2026, by Charles GARMAN, who is  personally known to me or  has provided the following identification:

Notary Public Printed Name: Betty Phillips (Seal)

Notary Public Signature: [Signature]

