

74279

Columbia County, Florida

Electric Service Affidavit

[*Required for NEW]
(Electric Service ONLY)

Property Information

Applicant/Affiant Name: Thomas Clary
(MUST BE CONTRACTOR OR OWNER)
 Subject Property Address: 2894 SE CR 245
 City/State: Lake City FL Zip Code: 32025
 Parcel ID (if known): 08354-002

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: 386-288-5722Owner's Printed Name: Thomas ClaryOwner's Signature: [Signature]Date: 11/17/25

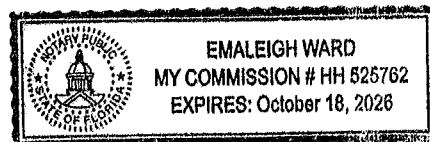
NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: FLCOUNTY OF: Columbia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 17 day of November, 2025, by Thomas Clary, who is ☒ personally known to me or ☐ has provided the following identification: _____

Notary Public Printed Name: Emaleigh Ward

(Seal)

Notary Public Signature: Emaleigh Ward