



# TO APPLY FOR ELECTRICAL SERVICE



**\*\*Use for New Service, Upgrades, or Reconnections\*\***

**\*\*Generators applied for separately\*\***

Applications must be submitted online using the link below or scan QR code.


[www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx](http://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx)

**\*Please contact Environmental Health @ 386.758.1058 for a new service.\***



- \_\_\_ 1) Enter email address to begin the login process
- \_\_\_ 2) Put in password or receive code to log in
- \_\_\_ 3) Once logged in, select green 'New Application for Building Permit' button
- \_\_\_ 4) Select 'Electrical Service'
- \_\_\_ 5) Select 'Apply for Electrical Service Permit'
- \_\_\_ 6) Put in address (Ex: 1234 Road-- leave out direction) OR parcel ID and select 'Search'
- \_\_\_ 7) Confirm property and push 'Select'
- \_\_\_ 8) Upload Property Appraiser Details (found at <https://seach.ccpafl.com/>) & Electric Service Affidavit (Required for New Services)
- \_\_\_ 9) Complete all cells to the best of your ability
- \_\_\_ 10) Once you have reached the bottom, select checkbox 'Under penalty of perjury'
- \_\_\_ 11) The Submit button will populate for you to select-- once selected, application is sent for review



  
Scan QR Code to  
make application

**Please be as detailed as possible so we can assist you quickly and efficiently.**

# Columbia County, Florida

## Electric Service Affidavit

**\*Required for NEW  
Electric Service ONLY**



### Property Information

Applicant/Affiant Name: \_\_\_\_\_

(MUST BE CONTRACTOR OR OWNER)

Subject Property Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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: \_\_\_\_\_
  - 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: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **NOTARY PUBLIC ACKNOWLEDGMENT** (Required)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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: \_\_\_\_\_

(Seal)

Notary Public Printed Name: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

# COLUMBIA COUNTY BUILDING DEPARTMENT

## AGENT AUTHORIZATION TO SIGN FOR PERMITS

### (JOB SPECIFIC)

**\*Use if authorized to pull all permits on your behalf\***

**\*License holder still MUST sign Owner and Contractor Signature Page\***

I, \_\_\_\_\_ (License Holder Name), licensed qualifier for \_\_\_\_\_ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf for the job address shown below ONLY.

Job Site Address: \_\_\_\_\_

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) \_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_

#### NOTARY INFORMATION:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

The above license holder, whose name is \_\_\_\_\_ personally appeared before me and is ( ) known by me or ( ) has produced identification (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal/Stamp)

Notary's Signature \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

Published 10/2025

# COLUMBIA COUNTY BUILDING DEPARTMENT

## AGENT AUTHORIZATION TO SIGN FOR PERMITS

### (BLANKET)

**\*Use if authorized to pull all permits on your behalf\***

**\*License holder still MUST sign Owner and Contractor Signature Page\***

I, \_\_\_\_\_ (License Holder Name), licensed qualifier for \_\_\_\_\_ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) \_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_

#### NOTARY INFORMATION:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

The above license holder, whose name is \_\_\_\_\_ personally appeared before me and is ( ) known by me or ( ) has produced identification (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal/Stamp)

Notary's Signature \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

Published 10/2025