Form # 9B-3.053-2002-02

Private Provider

Plan Compliance Affidavit

Effective January 20, 2003

Private Provider Firm: UES Professional Solutions, LLC

Private Provider: Marshall McElroy, CBO

Address: 4475 SW 35th Terrace, Gainesville, FL 32608

Phone: 352.372.3392 Fax: _____

Email: uesgainesville@teamues.com

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: Lawrence Pernell

Plan Sheets: Howe Residence - Plans - 1-2
Structrual - S1, S2, S2.1

Florida License/Registration/Certification #(s) and description:

PX2707

Signature of Reviewer: _____ 10/25/25

SWORN AND SUBSCRIBED before me by Lawrence Pernell being personally known to me ✓ or having produced as identification _____ and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

_____ Brittany Watson 10/25/25

Signature of Notary Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: 9/16/28

Notary Public State of Florida
Brittany Watson
My Commission HH 593603
Expires 9/16/2028