

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 Pernel Plan Sheets: Barnard Residence
Architectural Plan Set 1 -6
Structural Plan Set S1 - S3

Florida License/Registration/Certification #(s) and description:
PX2707

Signature of Reviewer: *Lawrence Pernel*

SWORN AND SUBSCRIBED before me by Lawrence Pernel
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
Signature of Notary

Brittany Watson
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:
9/16/28

