

PRIVATE PROVIDER
PLAN COMPLIANCE AFFIDAVIT

(Form # 9B-3.053-2002-02 : Effective January 20, 2003)

Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

Date: 4/14/26

Private Provider Firm: MY AMELIA, INC DBA INSPECTED.COM

Private Provider: MARCUS RISIK SPENCER MOORE

Address: 2243 SE COUNTRY CLUB ROAD 1250 S. PINE ISLAND RD. SUITE 500 PLANTATION, FL 33324

Phone: 386 324 2764 954-820-4874 Fax: _____

Email: MARCUS789@HOTMAIL.COM PERMITS@INSPECTED.COM

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with 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: _____

Plan Sheets: _____

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

Signature of Reviewer: _____

Notarization (Required)

STATE OF: FLORIDA

COUNTY OF: COLUMBIA

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 14 day of APRIL, 2026, by MARCUS RISIK who is personally known to me or has provided the following identification: FLDLR 424004790600

Notary Public Printed Name: Thomas Nessel Notary Seal:

Notary Public Signature: THOMAS NESSELT

