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: 7/30/2026

Private Provider Firm: Permit Rockstar Private Provider LLC

Private Provider: Ali Marar

Address: 9218 Cypress Green Dr, Jacksonville, FL 32259

Phone: 904-656-7047 Fax: _____

Email: amarar@permitrockstar.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: Ali Marar

Plan Sheets: Engineering Report Pages 1-14

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

PE 92978

Signature of Reviewer: _____

Notarization (Required)

STATE OF: Florida

COUNTY OF: Duval

The foregoing instrument was acknowledged before me, by means of (○)physical presence or (✓)online notarization, this 30 day of July, 20 26, by Ali Marar, who is (✓)personally known to me or (○)has provided the following identification: _____

Notary Public Printed Name: Karen Videla Notary Seal:

Notary Public Signature: Karen Videla

Notarized online using audio-video communication technology

ELECTRONIC NOTARY PUBLIC STATE OF FLORIDA

Karen Videla
Electronic Notary Public
State of Florida
Commission #: HH 95220
Commission Expires: 02/21/2028

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