

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual

 (signature)
 Print Name: _____
 Address: _____
 Telephone No.: _____

Corporation

Wade Journey Homes
 Print Corporation Name
 By: [Signature]
 (signature)
 Print Name: Keith Baker
 Its: _____
 Address: 2091 Governor Clarke Dr. Ste 300, Norcross, GA
 Telephone No.: 404-951-2644

Partnership

 Print Partnership Name
 By: _____
 (signature)
 Print Name: _____
 Its: _____
 Address: _____
 Telephone No.: _____

Please use appropriate notary block.

STATE OF _____
 COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this 2 day of September, 2021, personally appeared Keith Baker of Wade Journey Homes, a corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____ a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

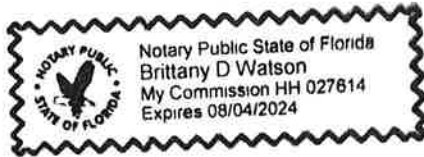
Personally known X or Produced identification _____ Type of identification produced _____

Signature of Notary [Signature]

Print Name Brittany Watson

Notary Public: NOTARY STAMP BELOW

My commission expires:



Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: Universal Engineering Sciences, LLC

Private Provider: Marshall McElroy

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

Phone: 352.372.3392 Fax: _____

Email: mmcelroy@universalengineering.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: All sheets stamped for residence on parcel id# 33.75.16.02439.242 Lot 42

Florida License/Registration/Certification #(s) and description:
PX 2707 Bu 1504 BN 4537

Signature of Reviewer: [Signature]

SWORN AND SUBSCRIBED before me by Lawrence Pernel
being personally known to me X 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.

[Signature]
Signature of Notary

Ryane Scott
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: May 2, 2023

