Form # 61G20-2.005-2002-01

Notice to Building Official of Use of Private Provider

Effective January 1, 2025
61G20-2.005, F.A.C.

Project Name: CECIL R & CHERYL M ASH 132 SW GROVELAND CT LAKE CITY, FL 32024

Parcel Tax ID: 15-4S-16-03023-236

Services to be provided: x Plans Review x Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I Lucas Myers - REP OF RENUITY , the

□ fee owner / X fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: My Amelia, Inc DBA Inspected.com

Private Provider: Spencer Moore

Address: 1250 S. Pine Island Rd Suite 400 Plantation, FL 33324

Telephone: 954-820-4874

Email Address: Permits@inspected.com

Florida License, Registration or Certificate #: PE 99007

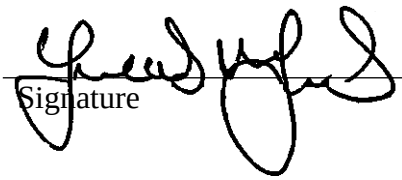
I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insuranceand am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall,

within 1 business day after any change, or within 2 business days before the next scheduled inspection, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire prevention, firesafety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual		Corporation	
		RENUITY	
Print name		Print name	
		Lucas Myers	
Address (line 1)		Representative name	
		3801 SW 30TH AVE	
Address (line 2)		Address (line 1)	
		HOLLYWOOD FL 33312	
Telephone Number		Address (line 2)	
		954 884 8500	
Email Address		Telephone Number	
		bpermitsfl@renuityhome.com	
		Email Address	
		 7/22/2026	
Signature	Date	Signature	Date

Private Provider Authorization & Indemnification Statement

I, CECIL R & CHERYL M ASH the fee owner of the property 132 SW GROVELAND CT LAKE CITY, FL 32024 (property address) hereby submit written authorization allowing the contractor of record to utilize a Private Provider for services selected in the Notice to Building Official as permitted by **Florida Statute §553.791 (HB803).**

Indemnification Statement

I agree to indemnify, defend, and hold harmless the local government, the local building official, and all building code enforcement personnel from any and all claims, liabilities, damages, or causes of action arising from the use of licensed or certified personnel to perform building code plan review and inspection services for the building or structure covered under this agreement and the related permit application.

I further acknowledge and agree that I have read, understood, and fully accepted the Terms and Conditions set forth herein.

Printed Name: CECIL R & CHERYL M ASH

Signature: _____
(Legal Fee Simple Owner or Authorized Agent of the Business)

Date: 7/22/2026

(To be used only if the Contractor signs the NTBO.)

1250 S. Pine Island Road Suite 400, Plantation, FL 33324
(954) 820-4874
Permits@Inspected.com
https://www.inspected.com