Form # 9B-3.053-2002-02

Private Provider

Plan Compliance Affidavit

Effective January 20, 2003

Private Provider Firm: Permit Rockstar Private Providers

Private Provider: Ali Marar

Address: 9218 Cypress Green Dr Suite 3, Jacksonville, FL 32256

Phone: 904-656-6957 Fax: _____

Email: ali@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 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: ALI MARAR Plan Sheets: Pages 1 - 6 Engineering Report/Evaluation

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

FL PE 92978

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by Ali Marar being personally known to me _____ or having produced as identification FL DL and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

_____ Fadil Karmally

Signature of Notary Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: 9/11/28

FADIL KARMALLY
Notary Public
State of Florida
Comm# HH592282
Expires 9/11/2028