

**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: Howe Residence  
Parcel Tax ID: 10-7S-17-09974-301

Services to be provided:  Plans Review  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 Corey Amira, the

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

Private Provider Firm: Universal Engineering Sciences, LLC aka UES Professional Solutions, LLC

Private Provider: Marshall McElroy

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

Telephone: 352.372.3392

Email Address: uesgainesville@teamues.com

Florida License, Registration or Certificate #: BU1901

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 insurance and 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

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A Corey Amira

5213 SW 91st Terr Gainesville FL 32608

g SN

352-327-4409

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corey.amiracustomhomes@gmail.com

3 g



C 5 8/7/25



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	<b>CONTACT NAME:</b> Greyling COI Specialist <b>PHONE (A/C No. Ext):</b> 7706705324 <b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com		<b>FAX (A/C, No):</b> 770.670.5324													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : Westchester Surplus Lines Insurance Co</td> <td>10172</td> </tr> <tr> <td>INSURER C : Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER D : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER E : Convex Insurance UK Limited</td> <td>71499</td> </tr> <tr> <td>INSURER F : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Greenwich Insurance Company	22322	INSURER B : Westchester Surplus Lines Insurance Co	10172	INSURER C : Landmark American Insurance Company	33138	INSURER D : Navigators Specialty Insurance Company	36056	INSURER E : Convex Insurance UK Limited	71499	INSURER F : Aspen Specialty Insurance Company
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INSURER F : Aspen Specialty Insurance Company	10717															
<b>INSURED</b> UES Professional Solutions, LLC 4205 Vineland Road, Suite L1 Orlando, FL 32811	UNIVENG															

**COVERAGES**

CERTIFICATE NUMBER: 801974055

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A F	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> \$1M Emp. Benefit GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	RGC300209901 CX010NE25	5/1/2025 5/1/2025	5/1/2026 5/1/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 XS GL Per Occ/Agg \$4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RAC943832501	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B C D	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	G48816149001 LHA606324 GA25EXCZ0KKF11C	5/1/2025 5/1/2025 5/1/2025	5/1/2026 5/1/2026 5/1/2026	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	RWC300210001	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Professional Liab incl. Pollution Liab			B0146LDUSA2505257	5/1/2025	5/1/2026	Per Claim Aggregate \$1,000,000 \$1,000,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

AKA : Universal Engineering Sciences, LLC

**CERTIFICATE HOLDER****CANCELLATION**

Columbia County Building Department 135 NE Hernando Avenue, #21 Lake City, FL 32055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# Universal Engineering Sciences

4475 SW 35th Ave  
Gainesville, FL 32608  
(352) 372-3392



## Schedule Inspections

Please contact UES' dispatch via email or by phone to schedule, reschedule or cancel inspections. EMAIL: [uesgainesville@teamues.com](mailto:uesgainesville@teamues.com) PHONE: (352) 372-3392

**Rick Kushner, PE**                      **38705 - Professional Engineer**                      **Current, Active**

<b>Keith Butts, PE Branch Manager, GNV</b>	<b>License Number</b>	<b>Status/Expires</b>
Professional Engineer	53986 Professional Engineer	Current, Active

<b>Marshall McElroy BID Manager, GNV</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN6543 Building and Residential	Current, Active
Building Code Administrator	BU1901 Private Provider Qualifier	Current, Active
Standard Plans Examiner	PX3511 Plans Examiner- Building	Current, Active

<b>Seth Green</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN7696 Building & Residential	Current, Active

<b>Thomas McCarthy</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN5161 Building and Residential	Current, Active

<b>Charlie Hayes</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN5656 Building and Commercial Plumbing	Current, Active

<b>Jed Mitchell</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN6357 Commercial Electrical	Current, Active

# Universal Engineering Sciences

4475 SW 35th Ave  
 Gainesville, FL 32608  
 (352) 372-3392



Luther (Gene) Stockman	License Number	Status/Expires
Standard Inspector	BN1225 MEPB Residential & Commercial MP	Current, Active

Robert Alan Dunlap	License Number	Status/Expires
Standard Inspector & Plans Examiner	BN3842 & RPX87	Current, Active

Lawrence Pernell	License Number	Status/Expires
Standard Inspector	BN4537 MEP Building and Residential, Commercial Electrical	Current, Active
Building Code Administrator	BU1504 Building Code A Special Qualifications - Modular 1&2	Current, Active
Standard Plans Examiner	PX2707 Plans Examiner MEP Building	Current, Active

Marc Winburn	License Number	Status/Expires
Standard Inspector	BN7433 MEP Building and Residential, Commercial Electrical	Current/Active
Building Code Administrator	BU2122 Building Code Administrator	Current/Active
Standard Plans Examiner	PX4177 Plans Examiner MEP Building RPX320 - Residential Plans	Current/Active

Steve Sapp	License Number	Status/Expires
Standard Inspector	BN3217 Building & Residential	Current, Active

## Additional Inspectors/Plans Examiners

Name	License Number	Status
Stephen Barnoski	Inspector BN6808 - Mechanical Plans Examiner PX4017 - Mechanical & Plumbing	Current/Active Current/Active
Steven Spangler	Plans Examiner PX4761 - Building	Current/Active
George Dixon	Inspector - BN1008 - Bldg., Mech., Plumb., Coastal Construction, Residential Building Code Administrator - BU1097	Current/Active Current/Active
Timothy Henline	Inspector - BN7069 - Mechanical & Plumbing	Current/Active
Nathaniel Ricardo	Inspector - BN6757 - Electrical Plans Examiner - PX3652 - Electrical	Current/Active Current/Active
Ashley Luke Holcombe	Inspector - BN8956 - Residential	Current/Active
David Hulst	Inspector - BN8501 - Building, Residential, Mechanical, Plumbing	Current/Active
Brian Pohl, PE	Professional Engineer - 60216	Current/Active
Ricky Agee	Plans Examiner - PX4675 - Inspector - BN5357 - Building, Residential	Current/Active
William Dasher	Plans Examiner - PX1973 (electrical) - Inspector - BN4118 - Electrical (residential & commercial)	Current/ Active

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**LICENSEE DETAILS**

3:59:55 PM 3/10/2025

**Licensee Information**

Name:	<b>KUSHNER, RICHARD GARY (Primary Name)</b>
Main Address:	<b>462 RIDGEWAY ROAD SAINT AUGUSTINE Florida 32080</b>
County:	<b>ST. JOHNS</b>

**License Information**

License Type:	<b>Professional Engineer</b>
Rank:	<b>Prof Engineer</b>
License Number:	<b>38705</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/10/1987</b>
Expires:	<b>02/28/2027</b>

**Special Qualifications**                      **Qualification Effective**

<b>Special Inspector</b>	<b>04/03/1990</b>
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**Alternate Names**

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**FBPE**  
FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**BOARD OF PROFESSIONAL ENGINEERS**

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

**BUTTS, KEITH LATIMER**

9347 SW 84TH STREET  
GAINESVILLE FL 32608

**LICENSE NUMBER: PE53986**

**EXPIRATION DATE: FEBRUARY 28, 2027**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



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**LICENSEE DETAILS**

5:38:28 PM 11/6/2023

**Licensee Information**

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1901</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/24/2015</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

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**Alternate Names**

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**LICENSEE DETAILS**

5:38:14 PM 11/6/2023

**Licensee Information**

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6543</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/18/2014</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
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<b>Building</b>	<b>06/18/2014</b>
<b>Residential</b>	<b>04/11/2019</b>

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**LICENSEE DETAILS**

5:37:46 PM 11/6/2023

**Licensee Information**

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3511</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/18/2014</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Building</b>	<b>06/18/2014</b>
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**LICENSEE DETAILS**

3:18:15 PM 2/5/2024

**Licensee Information**

Name:	<b>HAYES, CHARLES V. (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5656</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>01/24/2007</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications      Qualification Effective**

<b>Building</b>	<b>11/24/2008</b>
<b>Plumbing</b>	<b>01/24/2007</b>

**Alternate Names**

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**LICENSEE DETAILS**

3:19:47 PM 2/5/2024

**Licensee Information**

Name:	<b>STOCKMAN, LUTHER EUGENE JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN1225</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/05/1994</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Building</b>	
<b>Mechanical</b>	<b>11/21/2006</b>
<b>Plumbing</b>	
<b>Residential Electric</b>	

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## LICENSEE DETAILS

5:41:57 PM 11/6/2023

### Licensee Information

Name:	<b>MITCHELL, JED D (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6357</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/23/2011</b>
Expires:	<b>11/30/2025</b>

### Special Qualifications

### Qualification Effective

<b>Electrical Inspector</b>	<b>06/23/2011</b>
-----------------------------	-------------------

### Alternate Names

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**LICENSEE DETAILS**

5:40:09 PM 11/6/2023

**Licensee Information**

Name:	<b>MCCARTHY, THOMAS R JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5161</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/15/2005</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Building</b>	<b>11/15/2005</b>
<b>Residential</b>	<b>07/13/2007</b>

**Alternate Names**

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**LICENSEE DETAILS**

5:42:44 PM 11/6/2023

**Licensee Information**

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN4537</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/17/2003</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Building</b>	<b>04/17/2003</b>
<b>Commercial Electric</b>	<b>06/05/2003</b>
<b>Residential</b>	<b>05/05/2003</b>
<b>Mechanical</b>	<b>06/18/2003</b>
<b>Plumbing</b>	<b>05/13/2003</b>
<b>Residential Electric</b>	<b>04/17/2003</b>

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**LICENSEE DETAILS**

5:42:59 PM 11/6/2023

**Licensee Information**

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1504</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/18/2006</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Modular 1&amp;2</b>	<b>12/12/2005</b>
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**LICENSEE DETAILS**

5:43:15 PM 11/6/2023

**Licensee Information**

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX2707</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/20/2006</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications                      Qualification Effective**

<b>Building</b>	<b>06/20/2006</b>
<b>Electrical</b>	<b>11/14/2007</b>
<b>Mechanical</b>	<b>10/10/2006</b>
<b>Plumbing</b>	<b>01/08/2007</b>

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LICENSEE DETAILS

3:23:18 PM 2/5/2024

Licensee Information

Name:	DUNLAP, ROBERT ALAN (Primary Name)
Main Address:	41 JESSICA LYNN PLACE ST. AUGUSTINE Florida 32080
County:	ST. JOHNS
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX1581
Status:	Current,Active
Licensure Date:	06/21/1999
Expires:	11/30/2025

Special Qualifications Qualification Effective

Building
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LICENSEE DETAILS

3:22:59 PM 2/5/2024

Licensee Information

Name:	DUNLAP, ROBERT ALAN (Primary Name)
Main Address:	41 JESSICA LYNN PLACE ST. AUGUSTINE Florida 32080
County:	ST. JOHNS
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN3842
Status:	Current,Active
Licensure Date:	05/04/2000
Expires:	11/30/2025

Special Qualifications

Qualification Effective

<ul style="list-style-type: none"> <li>Building</li> <li>Coastal Construction</li> <li>Residential</li> </ul>
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LICENSEE DETAILS

3:22:42 PM 2/5/2024

Licensee Information

Name:	DUNLAP, ROBERT ALAN (Primary Name)
Main Address:	41 JESSICA LYNN PLACE ST. AUGUSTINE Florida 32080
County:	ST. JOHNS
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Residential Plans Examiner
Rank:	Residential
License Number:	RPX87
Status:	Current,Active
Licensure Date:	08/08/2001
Expires:	11/30/2025

Special Qualifications Qualification Effective

[Empty box for Special Qualifications]

Alternate Names

[Empty box for Alternate Names]

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LICENSEE DETAILS

3:28:50 PM 2/5/2024

Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN7433
Status:	Current,Active
Licensure Date:	06/21/2018
Expires:	11/30/2025

Special Qualifications

Qualification Effective

Building	06/21/2018
Coastal Construction	08/16/2019
Electrical Inspector	01/16/2022
Residential	10/15/2018
Mechanical	02/27/2020
Plumbing	03/10/2022

Alternate Names

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**LICENSEE DETAILS**

3:28:34 PM 2/5/2024

**Licensee Information**

Name:	<b>WINBURN, MARCUS A (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Residential Plans Examiner</b>
Rank:	<b>Residential</b>
License Number:	<b>RPX320</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/23/2019</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

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**Alternate Names**

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## LICENSEE DETAILS

3:28:14 PM 2/5/2024

### Licensee Information

Name:	<b>WINBURN, MARCUS A (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4177</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/29/2018</b>
Expires:	<b>11/30/2025</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>10/29/2018</b>
<b>Electrical</b>	<b>01/22/2022</b>
<b>Mechanical</b>	<b>03/02/2020</b>
<b>Plumbing</b>	<b>03/11/2022</b>

### Alternate Names

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## LICENSEE DETAILS

2:04:43 PM 2/6/2024

### Licensee Information

Name:	<b>GREEN, SETH LEVI (Primary Name)</b>
Main Address:	<b>6207 NW COUNTY ROAD 235 ALACHUA Florida 32615</b>
County:	<b>ALACHUA</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7696</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/22/2019</b>
Expires:	<b>11/30/2025</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>04/22/2019</b>
<b>Residential</b>	<b>08/23/2019</b>

### Alternate Names

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**LICENSEE DETAILS**

2:04:20 PM 2/6/2024

**Licensee Information**

Name:	<b>SAPP, STEVEN GERALD (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN3217</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/06/1998</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Building Residential</b>
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**LICENSEE DETAILS**

6:05:21 PM 11/6/2023

**Licensee Information**

Name:	<b>BARNOSKI, STEPHEN LYNN (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6808</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>02/12/2016</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
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<b>Mechanical</b>	<b>02/12/2016</b>
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**Alternate Names**

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**LICENSEE DETAILS**

6:05:35 PM 11/6/2023

**Licensee Information**

Name:	<b>BARNOSKI, STEPHEN LYNN (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4017</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>12/29/2017</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Mechanical</b>	<b>12/29/2017</b>
<b>Plumbing</b>	<b>02/02/2023</b>

**Alternate Names**

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**LICENSEE DETAILS**

6:06:02 PM 11/6/2023

**Licensee Information**

Name:	<b>SPANGLER, STEVEN C (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4761</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/22/2022</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Building</b>	<b>04/22/2022</b>
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**Alternate Names**

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**LICENSEE DETAILS**

6:07:07 PM 11/6/2023

**Licensee Information**

Name:	<b>DIXON, GEORGE WAYNE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN1008</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/26/1994</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Building</b>	
<b>Coastal Construction</b>	
<b>Residential</b>	
<b>Mechanical</b>	<b>11/21/2006</b>
<b>Plumbing</b>	

**Alternate Names**

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LICENSEE DETAILS

6:06:31 PM 11/6/2023

Licensee Information

Name:	<b>DIXON, GEORGE WAYNE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU0001097</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>12/18/2000</b>
Expires:	<b>11/30/2025</b>

Special Qualifications

Qualification Effective

<b>Standard</b>
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Alternate Names

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**LICENSEE DETAILS**

6:07:32 PM 11/6/2023

**Licensee Information**

Name:	<b>HENLINE, TIMOTHY WADE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7069</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>03/24/2017</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Mechanical</b>	<b>03/12/2023</b>
<b>Plumbing</b>	<b>03/24/2017</b>

**Alternate Names**

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**LICENSEE DETAILS**

6:08:45 PM 11/6/2023

**Licensee Information**

Name:	<b>JONES, NATHANIEL RICARDO (Primary Name)</b>
Main Address:	<b>5089 SE 89TH STREET OCALA Florida 34480</b>
County:	<b>MARION</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6757</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/04/2015</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications                      Qualification Effective**

<b>Electrical Inspector    11/04/2015</b>
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**Alternate Names**

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**LICENSEE DETAILS**

6:08:32 PM 11/6/2023

**Licensee Information**

Name:	<b>JONES, NATHANIEL RICARDO (Primary Name)</b>
Main Address:	<b>5089 SE 89TH STREET OCALA Florida 34480</b>
County:	<b>MARION</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3652</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/04/2015</b>
Expires:	<b>11/30/2025</b>

**Special Qualifications**

**Qualification Effective**

<b>Electrical</b>	<b>11/04/2015</b>
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**Alternate Names**

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LICENSEE DETAILS

11:45:51 AM 11/21/2023

Licensee Information

Name:	HOLCOMBE, ASHLEY LUKE (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN8956
Status:	Current, Active
Licensure Date:	11/20/2023
Expires:	11/30/2025

Special Qualification Effective

Residential	11/20/2023
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Alternate Names

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**LICENSEE DETAILS**

6:14:37 PM 1/31/2024

**Licensee Information**

Name:	<b>HULST, DAVID L (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8501</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/06/2022</b>
Expires:	<b>11/30/2025</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
-------------------------------	--------------------------------

<b>Building</b>	<b>06/06/2022</b>
<b>Residential</b>	<b>10/25/2023</b>
<b>Mechanical</b>	<b>10/25/2023</b>
<b>Plumbing</b>	<b>12/12/2023</b>

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## LICENSEE DETAILS

11:34:23 AM 3/12/2025

### Licensee Information

Name:	<b>AGEE, DERWOOD RICKY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5357</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/17/2006</b>
Expires:	<b>11/30/2025</b>

Special Qualifications	Qualification Effective
------------------------	-------------------------

<b>Building</b>	<b>05/17/2006</b>
<b>Residential</b>	<b>01/23/2021</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:33:46 AM 3/12/2025

### Licensee Information

Name:	<b>AGEE, DERWOOD RICKY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4675</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/18/2021</b>
Expires:	<b>11/30/2025</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>10/18/2021</b>
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### Alternate Names

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## LICENSEE DETAILS

11:24:33 AM 3/12/2025

### Licensee Information

Name:	<b>DASHER, WILLIAM P JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN4118</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/18/2001</b>
Expires:	<b>11/30/2025</b>

Special Qualifications	Qualification Effective
------------------------	-------------------------

<b>Commercial Electric</b>	<b>11/21/2006</b>
<b>Residential Electric</b>	
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:24:03 AM 3/12/2025

### Licensee Information

Name:	<b>DASHER, WILLIAM P JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>14988 SW 46TH CIRCLE OCALA FL 34473</b>
County:	<b>MARION</b>
License Location:	<b>14988 SW 46TH CIRCLE OCALA FL 34473</b>
County:	<b>MARION</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX1973</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/02/2001</b>
Expires:	<b>11/30/2025</b>

### Special Qualifications

### Qualification Effective

<b>Electrical Continuing Education Exemption</b>	<b>06/27/2024</b>
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### Alternate Names

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