

Form # 9B-3.053-2002-02

Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: UES Professional Solutions, LLC

Private Provider: Lawrence Pernell

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

Phone: 352.372.3392

Fax: _____

Email: uesgainesville@teamues.com

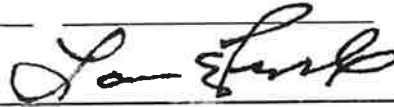
I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate: Remillet Residence

Name: Lawrence Pernell

Plan Sheets: _____

Florida License/Registration/Certification #(s) and description: Architectural - Plan Sheets 1-6
Structural - Plan Sheets S1 - S3
PX2707

Signature of Reviewer: _____



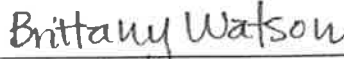
SWORN AND SUBSCRIBED before me by Lawrence Pernell

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 of Notary



Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

9/16/28

