

(29)

**Form # 9B-3.053-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
**Effective January 20, 2003**

Project Name: Chancey remodel and addition.

Parcel Tax ID: 02-65-15-00502-129

Services to be provided: Plans Review X Inspections X

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

I Jared Chancey, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: EPCI

Private Provider: Albert E. Smythe

Address: 5920 Ard Drive, Youngstown, Florida 32466

Telephone: 850-528-7129

Fax: \_\_\_\_\_

Email Address (Optional): clearcutsolutions1@yahoo.com

Florida License, Registration or Certificate #: BN 6570 & RPX 270

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building 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 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, 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 code, 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. 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]  
(signature)  
Print  
Name: Tarad Chancey  
Address: 417 SW 1st St  
Loop Ft White, Fla  
Telephone  
No.: 352-538-8227

**Corporation**

Print Corporation Name  
By: \_\_\_\_\_  
(signature)  
Print  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

**Partnership**

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

Please use appropriate notary block.

STATE OF FLORIDA  
COUNTY OF Colombia Leon

**Individual**

Before me, this 29th day of  
June, 2021, personally  
appeared Tarad Chancey  
who executed the foregoing instrument,  
and acknowledged before me that same  
was executed for the purposes therein  
expressed.

**Corporation**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, personally appeared \_\_\_\_\_  
of \_\_\_\_\_, 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**

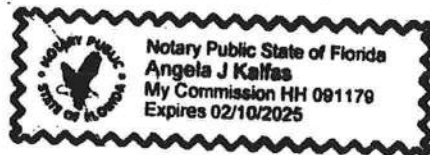
Before me, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared \_\_\_\_\_,  
partner/agent on behalf of \_\_\_\_\_,  
a partnership, who executed the  
foregoing instrument and  
acknowledged before me that same  
was executed for the purposes therein  
expressed.

Personally known X or Produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Signature of Notary [Signature] Print Name Angela Kalfas

Notary Public: NOTARY STAMP BELOW

My commission expires:







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

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> Acentria Insurance - McKenzie Insurance 652 Jenks Avenue Panama City FL 32401  License#: L100460 EPCONSU-01	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Auto-Owners Insurance Company INSURER B : Landmark American Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : <b>NAIC #</b> 18988 33138
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**COVERAGES**

CERTIFICATE NUMBER: 976896048

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		78288340	3/6/2021	3/6/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		78288340	3/6/2021	3/6/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			LHR784672	9/12/2020	9/12/2021	Limit 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Columbia County Building Department  
135 NE Hernando Ave  
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