

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	Corporation	Partnership
1	Print Corporation Name	Print Partnership Name
By: Levelara	Ву:	Ву:
(Signature)	(Signature)	(Signature)
	Its:	Its:
Print Charles & Barbara	Print	Print
Name: Bebbington	Name:	Name:
Address: 222 SW Coliseum Pl Lake City, FL 32025	Address:	Address:
Telephone	Telephone	Telephone
No.: 386-965-4526	No.:	No.:
Please use appropriate notary block.		
Individual	Corporation	Partnership
Before me, this day of NO 20 dy personally appeared BAYBAYA Bebbinatan	Before me, this day of 20 personally appeared	Before me, this day of personally appeared
Who executed the foregoing	of, a	Partner/agent on behalf of
instrument, and acknowledged	corporation	i at a lot, about of bolight of
before me that same was executed	on behalf of the state corporation,	partnership, who executed the
for the purposes therein expressed.	who executed the foregoing	foregoing instrument and
	instrument and acknowledged	acknowledged before me that same
	before me that same was executed	was executed for the purposes
	for the purposes therein expressed.	therein expressed.
STATE OF Florida CO	DUNTY OF Columbia	B 152-061-50-668-
Personally known ; or Produced identification Type of identification produced FLOC Signature of Notary: Print Name: Tettray Galdiks Notany Public: NOTARY STAMP RELOW		
Signature of Notary:	Print Name:	Jeffry Galdiks
INCIDITY FUDITE INCIDITY DELOW		
My commission expires:	JEFFREY GALDIKAS Notary Public State of Florida Comm# HH355877 Expires 1/30/2027	

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Permits@Inspected.com https://www.inspected.com