

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective April 2024
61G20-2.005, F.A.C.

Project Name: Deen Residence

Parcel Tax ID: 10017-016 (2938 SW CR 778 FT White, FL 32038)

Services to be provided:

☒ Plans Review

☒ Inspections

Note: If the fee owner elects to use 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 ☒ Alexis Deen, 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: Universal Engineering Sciences, LLC

Private Provider: Marshall McElroy, CBO

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 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(17), Florida Statutes.

Individual

Alexis Deen

Print name

2938 SW County Rd 778

Address (line 1)

Fort White, FL 32038

Address (line 2)

(386) 2166-9890

Telephone Number

jndeene@gmail.com

Email Address

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Alexis Deen

Signature

7/1/2024

Date

Signature

Date

Please use appropriate notary block.

STATE OF Florida

COUNTY OF Marion

Individual

Before me, this 1st day of July, 2024, personally appeared Alexis E. Deen, 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.

Personally known _____ or Produced identification ☒ Type of identification produced FLDL

Signature of Notary Jennifer J. Lindsey

Print Name Jennifer J. Lindsey

Notary Public: NOTARY STAMP BELOW

My commission expires:



Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: Universal Engineering Sciences

Private Provider: Marshall McElroy, CBO

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

Phone: 352.372.3392 Fax: _____


Email: mmcelroy@universalengineering.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: Lawrence Pernell Plan Sheets: A1 - A2

Florida License/Registration/Certification #(s) and description: S1 - S4
PX2707

Signature of Reviewer: 

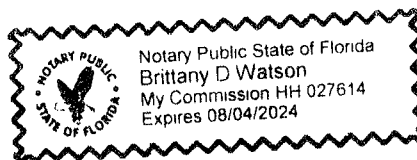
SWORN AND SUBSCRIBED before me by Lawrence Pernell
being personally known to me  or having produced as identification _____
and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.


Signature of Notary

Brittany Watson
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2024

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).

| | | |
|--|---|---------------------------------------|
| PRODUCER Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022 | CONTACT NAME: Greyling COI Specialist PHONE (A/C. No. Ext): 7706705324 E-MAIL ADDRESS: uescerts@greyling.com | FAX (A/C. No): 770.670.5324 |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Endurance American Specialty Ins Co | | 41718 |
| INSURER B: Evanston Insurance Company | | 35378 |
| INSURER C: Landmark American Insurance Company | | 33138 |
| INSURER D: Greenwich Insurance Company | | 22322 |
| INSURER E: Aspen Specialty Insurance Company | | 10717 |
| INSURER F: Convex Insurance UK Limited | | |

COVERAGES**CERTIFICATE NUMBER:** 465787619**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 |
|----------|--|-----------|----------|--------------------------------|-------------------------|-------------------------|--|
| D | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab 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: | | | RGC3002099 | 5/1/2024 | 5/1/2025 | 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 Employee Benefits \$1,000,000 |
| D A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | RAC9438325 EXT30030240901 | 5/1/2024 5/1/2024 | 5/1/2025 5/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto \$2,000,000 |
| B C | <input type="checkbox"/> UMBRELLA LIAB <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 | | | MKLV2EUE101855 LHA600397 | 5/1/2024 5/1/2024 | 5/1/2025 5/1/2025 | EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 \$ |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | RWC3002100 | 5/1/2024 | 5/1/2025 | <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 F | Excess GL Professional Liab incl. Pollution Liab | | | CX010NE24 B0146LDUSA2405257 | 5/1/2024 5/1/2024 | 5/1/2025 5/1/2025 | Per Occ./Aggregate \$4,000,000 Per Claim \$1,000,000 Aggregate \$1,000,000 |

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

Certificate Holder continued: its officials, employees and volunteers.

CERTIFICATE HOLDERColumbia County Building Department
135 NE Hernando Ave. #21
Lake City, FL 32055**CANCELLATION**

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 PHONE: (352) 372-3392

Inspector License Info

| Keith Butts, PE Branch Manager, GNV | License Number | Status/Expires |
|--|--------------------------------|-----------------|
| Professional Engineer | 53986 Professional Engineer | Current, Active |

| Marshall McElroy BID Manager, GNV | License Number | Status/Expires |
|--------------------------------------|--------------------------------------|-----------------|
| 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 |

| Seth Green | License Number | Status/Expires |
|--------------------|----------------------------------|-----------------|
| Standard Inspector | BN7696 Building & Residential | Current, Active |

| Thomas McCarthy | License Number | Status/Expires |
|--------------------|------------------------------------|-----------------|
| Standard Inspector | BN5161 Building and Residential | Current, Active |

| Charlie Hayes | License Number | Status/Expires |
|--------------------|--|-----------------|
| Standard Inspector | BN5656 Building and Commercial Plumbing | Current, Active |

| Jed Mitchell | License Number | Status/Expires |
|--------------------|---------------------------------|-----------------|
| 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 |



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



FBPE
FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

STATE OF FLORIDA

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, 2025

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Licensee Information

| | |
|---------------|-------------------------------------|
| Name: | MCELROY, MARSHALL S (Primary Name) |
| Main Address: | *Private Address* *Private Address* |
| | *Private Address* |
| | *Private Address* |
| | *Private Address* |

License Information

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

Special
Qualifications

Qualification Effective

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Alternate Names

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Licensee Information

| | |
|---------------|--|
| Name: | MCELROY, MARSHALL S (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|--------------------|-------------------|
| Building | 06/18/2014 |
| Residential | 04/11/2019 |

Alternate Names

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LICENSEE DETAILS

5:37:46 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | MCELROY, MARSHALL S (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-----------------|-------------------|
| Building | 06/18/2014 |
|-----------------|-------------------|

Alternate Names

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3:18:15 PM 2/5/2024

Licensee Information

| | |
|------------------|--|
| Name: | HAYES, CHARLES V. (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |
| License Mailing: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-----------------|-------------------|
| Building | 11/24/2008 |
| Plumbing | 01/24/2007 |

Alternate Names

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3:19:47 PM 2/5/2024

Licensee Information

| | |
|-------------------|--|
| Name: | STOCKMAN, LUTHER EUGENE JR (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |
| License Location: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|----------------------|------------|
| Building | |
| Mechanical | 11/21/2006 |
| Plumbing | |
| Residential Electric | |

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5:41:57 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | MITCHELL, JED D (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|----------------------|------------|
| Electrical Inspector | 06/23/2011 |
|----------------------|------------|

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LICENSEE DETAILS

5:40:09 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | MCCARTHY, THOMAS R JR (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------|------------|
| Building | 11/15/2005 |
| Residential | 07/13/2007 |

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LICENSEE DETAILS

5:42:44 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | PERNELL, LAWRENCE EDWARD JR (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-----------------------------|-------------------|
| Building | 04/17/2003 |
| Commercial Electric | 06/05/2003 |
| Residential | 05/05/2003 |
| Mechanical | 06/18/2003 |
| Plumbing | 05/13/2003 |
| Residential Electric | 04/17/2003 |

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LICENSEE DETAILS

5:42:59 PM 11/6/2023

Licensee Information

| | |
|------------------|--|
| Name: | PERNELL, LAWRENCE EDWARD JR (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |
| License Mailing: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|------------------------|-------------------|
| Modular 1&2 | 12/12/2005 |
|------------------------|-------------------|

Alternate Names

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LICENSEE DETAILS

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Licensee Information

| | |
|---------------|--|
| Name: | PERNELL, LAWRENCE EDWARD JR (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------------|-------------------|
| Building | 06/20/2006 |
| Electrical | 11/14/2007 |
| Mechanical | 10/10/2006 |
| Plumbing | 01/08/2007 |

Alternate Names

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LICENSEE DETAILS

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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 |
|-----------------|

Alternate Names

| |
|--|
| |
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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

| |
|---------------------|
| Building |
| Coastal |
| Construction |
| Residential |

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LICENSEE DETAILS

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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

| |
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Alternate Names

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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

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Licensee Information

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

License Information

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

Special Qualifications

Qualification Effective

| |
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Alternate Names

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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 Plans Examiner |
| Rank: | Plans Examiner |
| License Number: | PX4177 |
| Status: | Current,Active |
| Licensure Date: | 10/29/2018 |
| Expires: | 11/30/2025 |

Special Qualifications

Qualification Effective

| | |
|------------|------------|
| Building | 10/29/2018 |
| Electrical | 01/22/2022 |
| Mechanical | 03/02/2020 |
| Plumbing | 03/11/2022 |

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LICENSEE DETAILS

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Licensee Information

| | |
|---------------|--|
| Name: | GREEN, SETH LEVI (Primary Name) |
| Main Address: | 6207 NW COUNTY ROAD 235 ALACHUA Florida 32615 |
| County: | ALACHUA |

License Information

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

Special Qualifications

Qualification Effective

| | |
|--------------------|-------------------|
| Building | 04/22/2019 |
| Residential | 08/23/2019 |

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LICENSEE DETAILS

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Licensee Information

| | |
|-------------------|--|
| Name: | SAPP, STEVEN GERALD (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |
| License Location: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| |
|--------------------|
| Building |
| Residential |

Alternate Names

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LICENSEE DETAILS

6:05:21 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | BARNOSKI, STEPHEN LYNN (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------------|-------------------|
| Mechanical | 02/12/2016 |
|-------------------|-------------------|

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LICENSEE DETAILS

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Licensee Information

| | |
|---------------|--|
| Name: | BARNOSKI, STEPHEN LYNN (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------------|-------------------|
| Mechanical | 12/29/2017 |
| Plumbing | 02/02/2023 |

Alternate Names

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6:06:02 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | SPANGLER, STEVEN C (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-----------------|-------------------|
| Building | 04/22/2022 |
|-----------------|-------------------|

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LICENSEE DETAILS

6:07:07 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | DIXON, GEORGE WAYNE (Primary Name) |
| Main Address: | *Private Address* *Private Address* |
| | *Private Address* |
| | *Private Address* |
| | *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-----------------------------|-------------------|
| Building | |
| Coastal Construction | |
| Residential | |
| Mechanical | 11/21/2006 |
| Plumbing | |

Alternate Names

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LICENSEE DETAILS

6:06:31 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | DIXON, GEORGE WAYNE (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| |
|-----------------|
| Standard |
|-----------------|

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LICENSEE DETAILS

6:07:32 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | HENLINE, TIMOTHY WADE (Primary Name) |
| Main Address: | *Private Address* *Private Address* *Private Address* *Private Address* *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------------|-------------------|
| Mechanical | 03/12/2023 |
| Plumbing | 03/24/2017 |

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LICENSEE DETAILS

6:08:45 PM 11/6/2023

Licensee Information

| | |
|---------------|--|
| Name: | JONES, NATHANIEL RICARDO (Primary Name) |
| Main Address: | 5089 SE 89TH STREET OCALA Florida 34480 |
| County: | MARION |

License Information

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

Special Qualifications

Qualification Effective

| |
|--|
| Electrical Inspector 11/04/2015 |
|--|

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LICENSEE DETAILS

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Licensee Information

| | |
|---------------|--|
| Name: | JONES, NATHANIEL RICARDO (Primary Name) |
| Main Address: | 5089 SE 89TH STREET OCALA Florida 34480 |
| County: | MARION |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------------|-------------------|
| Electrical | 11/04/2015 |
|-------------------|-------------------|

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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

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 Qualifications

Qualification Effective

Residential

11/20/2023

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LICENSEE DETAILS

6:14:37 PM 1/31/2024

Licensee Information

| | |
|---------------|-------------------------------------|
| Name: | HULST, DAVID L (Primary Name) |
| Main Address: | *Private Address* *Private Address* |
| | *Private Address* |
| | *Private Address* |
| | *Private Address* |

License Information

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

Special Qualifications

Qualification Effective

| | |
|-------------|------------|
| Building | 06/06/2022 |
| Residential | 10/25/2023 |
| Mechanical | 10/25/2023 |
| Plumbing | 12/12/2023 |

Alternate Names

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