



### Notice to Customer of Use of Private Provider

In keeping with our Core Value of *Do the Right Thing Always*, West Shore Home has contracted with one or more Private Providers to perform any required inspection services on work performed in your home in accordance with s. 553.791.

This allows West Shore Home to provide our customers additional peace of mind by utilizing unbiased, independent verification that work meets all local and state requirements.

Any applicable permit applications, inspections, and close out will be performed by West Shore Home and the aforementioned Private Provider. All documentation required to be submitted will be handled by both West Shore Home and the Private Provider as necessary.

These Private Providers will submit documentation verifying that work performed meets all applicable State and Local Code Requirements to the relevant Building Officials, as required, as well as to West Shore Home for documentation. These documents can be made available to you, the Customer, upon request.

The Building Official retains authority to review plans, make required inspections and enforce applicable codes with his or her charge pursuant to the standards established by s. 553.791

Customer Name:	Terri Brock		
Customer Signature:	Terri Brock		
Date:	9-26-24		
WSH Job #	J-486427	Contractor #:	Jonte Hawkins



Form # 9B-3.053-2002-01

**Notice to Building Official of Use of Private Provider**

Effective January 20, 2003

Project Name: BROCK

Parcel Tax ID: 19-2S-16-01655-101

Services to be provided: Plans Review \_\_\_\_\_ 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 JONTE CURTIS HAWKINS - WEST SHORE HOME, LLC, 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: CT Solutions of Florida, LLC

Private Provider: Timothy Hunt

Address: 10602 NW 149<sup>th</sup> Place Alachua, FL 32615

Telephone: 386-361-0208 Fax: \_\_\_\_\_

Email Address (Optional): [Thunt@ctsolutionsfl.com](mailto:Thunt@ctsolutionsfl.com)

Florida License, Registration or Certificate #: BU2174, PX3903, BN7162

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)  
Print  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

Please use appropriate notary block.  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Individual

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

WEST SHORE HOME, LLC  
Print Corporation Name  
By: \_\_\_\_\_  
(signature)  
Print  
Name: Tatyana Franco  
Its: Building Contractor  
Address: \_\_\_\_\_  
1720 NW 4TH AVE #100 OCALA, FL 34475  
Telephone  
No. \_\_\_\_\_

Corporation

Before me, this 8TH day of NOVEMBER, 2024, personally appeared JONTE CURTIS HAWKINS of WEST SHORE HOME LLC, 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

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

Partnership

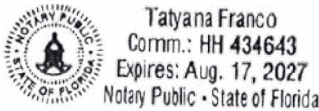
Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known ☒; or Produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Signature of Notary Tatyana Franco Print Name Tatyana Franco

Notary Public: NOTARY STAMP BELOW

My commission expires: AUG. 17, 2027





**TIM HUNT, CBO**  
Vice President

**YEARS EXPERIENCE**  
22

**EDUCATION**  
West Palm Beach Community  
College, 1998

**LICENSES &  
CERTIFICATIONS**  
BU2174 Building Code  
Administrator, Building Code  
Official

BN7162 DBPR Inspector  
License (Building, Mechanical  
and Plumbing Inspector)  
PCE1132 Provisional  
Electrical Inspector

PX3903 DBPR Plans  
Examiner License (Building,  
Mechanical and Plumbing  
Reviewer)  
PEP690 Provisional Electrical  
Plans Examiner

CFC1432744 Plumbing State  
Contractors License Backflow  
Test and Repair Certification

## QUALIFICATIONS

Tim is an experienced professional renowned for his expertise in streamlining procedures and optimizing operations to better serve communities. With a successful tenure as a Building Official and Flood Plain Manager for the City of Alachua, FL, Tim has demonstrated proficiency in managing budgets, acquiring updated equipment, and increasing accuracy and efficiency in construction projects. He held leadership roles in various municipalities, including as Assistant Building Official for the City of Ocala, FL. Tim's skill set encompasses permitting expertise, problem resolution, safety awareness, and contractor relationship development.



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## EXPERIENCE

**September 2024 – Present**

**CBO/Vice President – CT Solutions of Florida, LLC**

Provides quality control, plan review and building inspections (including virtual inspections). Tim leads quality inspections and provides timely feedback to contractors facilitating quick corrective actions helping clients meet stringent deadlines. With 22 years of experience and cumulative knowledge Tim educates clients on proper procedures leading to safer conditions and construction. .

**January 2024 – Present**

**Director of Private Provider Services – Meskel & Associates Engineering, PLLC**

Tim manages all activities related to ensuring compliance with building codes and standards. He coordinates plan reviews, oversees permit application processes, and tracks issuance, all while supervising a team of qualified inspection personnel. Tim's expertise extends to assisting with complex inspections and conducting training sessions for field inspection staff. He evaluates plans for necessary changes and conducts thorough inspections of various construction elements. Tim maintains accurate records and handles inspections with professionalism and courtesy. He prepares reports and promotes continuous quality improvement in projects, ensuring strict compliance with inspection specifications, requirements, and policies.

**April 2022 – January 2024**

**Building Official, Flood Plain Manager - City of Alachua, Florida**

Tim's role involved evaluating compliance with city, state, and federal regulations, as well as discipline-specific codes, meticulously documenting violations, and issuing necessary directives. Tim handled complaints, conducted re-evaluations of failed inspections, and attended hearings, all while maintaining a focus on fostering positive client relationships through adept issue resolution. Additionally, he took charge of budgeting, reporting, and overall building operations, offering expert guidance on materials and methodologies to ensure compliance and resolve discrepancies. Tim was committed to continuous professional development, staying updated on evolving inspection codes and regulations. Leading a dedicated team of nine, he implemented standardized procedures and forms to streamline operations and meticulously reviewed construction plans for alignment with project objectives.



**July 2019 – November 2023**

**Assistant Building Official - City of Ocala, Florida**

Tim managed an 18-person team, overseeing their tasks and ensuring adherence to standards. His responsibilities included reviewing plans, maintaining up-to-date knowledge of inspection codes, ordinances, and regulations, and investigating complaints at work sites. Tim also played a pivotal role in training new inspectors and apprentices, passing on his expertise to the next generation of professionals.

He documented violations and issued relevant directives such as stop-work orders, ensuring compliance with city, state, and federal guidelines, as well as specific industry codes. Tim demonstrated adaptability and initiative by creating an inspection affidavit program during the challenges posed by Covid. Additionally, he effectively handled budgeting, managing a substantial budget of 3.5 million dollars, showcasing his financial acumen and organizational skills.

**January 2019 - July 2020**

**Plans Examiner - CGA, Deerfield Beach, Florida**

Following his relocation to the Central Florida area, Tim continued to contribute to the field part-time and on-call, primarily focusing on remote plan review. As a seasoned Plans Examiner, he brought his expertise to this role, meticulously assessing construction plans for compliance with regulations and standards.

**April 2017 - January 2019**

**Plumbing Inspector - City of West Palm Beach, Florida**

Tim served as a Plumbing Plans Inspector and Plans Examiner, leveraging his expertise to ensure the integrity of plumbing systems in various construction projects. His inspections encompassed a wide range of structures, including new constructions, remodels, multi-family dwellings, custom homes, and towering 30-story high-rises. With meticulous attention to detail, Tim upheld regulatory standards and industry best practices, contributing to the safety and quality of diverse construction endeavors.

**December 2012 - April 2017**

**Service Director - East Coast Mechanical - West Palm Beach, Florida**

Tim started his construction career as an AC and Plumbing mechanic, gradually ascending to roles of increasing responsibility such as Plumbing Manager and later, Service Director, showcasing his leadership and managerial prowess. Overseeing a workforce of 226 employees, he managed various operations including AC replacement, warranty service, and budgeting revenues exceeding 35 million dollars. Tim provided valuable insights into materials and methodologies to ensure compliance with regulations, while also maintaining up-to-date knowledge of inspection codes and regulations. He implemented strategies to enhance efficiency by standardizing internal processes and procedures, contributing to the overall success and excellence within the construction industry.



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 8/30/2024

**EXPIRATION DATE:** 8/30/2026

**PERSON:** TIMOTHY L HUNT II

**EMAIL:** THUNT@CTSOLUTIONSFL.COM

**FEIN:** 994613185

**BUSINESS NAME AND ADDRESS:**

CT SOLUTIONS OF FLORIDA LLC

10602 NW 149TH PLACE

ALACHUA, FL 32615

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**BUILDING CODE ADMINISTRATORS & INSPECTOR**

THE STANDARD INSPECTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES  
PLUM, MECH, BLDG

**HUNT, TIMOTHY LEE II**

10602 NW 149TH PLACE  
ALACHUA FL 32615

**LICENSE NUMBER: BN7162**

**EXPIRATION DATE: NOVEMBER 30, 2025**

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

ISSUED: 02/29/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**BUILDING CODE ADMINISTRATORS & INSPECTOR**

THE BUILDING CODE ADMINISTRATOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**HUNT, TIMOTHY LEE II**

10602 NW 149TH PLACE  
ALACHUA FL 32615

**LICENSE NUMBER: BU2174**

**EXPIRATION DATE: NOVEMBER 30, 2025**

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ISSUED: 02/29/2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**BUILDING CODE ADMINISTRATORS & INSPECTOR**

THE PROVISIONAL COMMERCIAL ELECTRICAL INSPECTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**HUNT, TIMOTHY LEE II**

10602 NW 149TH PLACE  
ALACHUA FL 32615

**LICENSE NUMBER: PCE1132**

**EXPIRATION DATE: AUGUST 12, 2026**

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ISSUED: 08/13/2024

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

**BUILDING CODE ADMINISTRATORS & INSPECTOR**

THE PROVISIONAL ELECTRICAL PLANS EXAMINER HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**HUNT, TIMOTHY LEE II**

10602 NW 149TH PLACE  
ALACHUA FL 32615

**LICENSE NUMBER: PEP690**

**EXPIRATION DATE: AUGUST 12, 2026**

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

ISSUED: 08/13/2024

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

**BUILDING CODE ADMINISTRATORS & INSPECTOR**

THE STANDARD PLANS EXAMINER HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES  
PLUM, MECH, BLDG

**HUNT, TIMOTHY LEE II**

10602 NW 149TH PLACE  
ALACHUA FL 32615

**LICENSE NUMBER: PX3903**

**EXPIRATION DATE: NOVEMBER 30, 2025**

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ISSUED: 02/29/2024

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/18/2024

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).

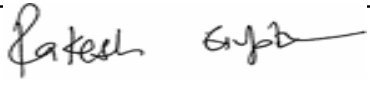
PRODUCER BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com FAX (A/C, No): 203-654-3613
INSURED CT Solutions of FLorida LLC  10602 Northwest 149th Place Alachua, FL 32615	INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10391

COVERAGES      CERTIFICATE NUMBER:      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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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 <input type="checkbox"/> 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 \$
A	Professional Liability (Errors & Omissions): Claims-Made			N9PL581323	09/02/2024	09/02/2025	Per Occurrence/ Aggregate \$2,000,000/ \$5,000,000

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

CERTIFICATE HOLDER  Columbia County Building & Zoning  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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/18/2024

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PRODUCER BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com FAX (A/C, No): 203-654-3613
INSURED CT Solutions of FLorida LLC  10602 Northwest 149th Place Alachua, FL 32615	INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10391

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

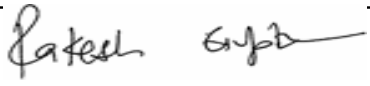
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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			N9BP484703	09/02/2024	09/02/2025	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input checked="" type="checkbox"/> OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate

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

Non-Owned Auto coverage is included in the general liability policy limits. Hired Auto coverage is included in the general liability policy limits. Lennar Insurance Compliance

CERTIFICATE HOLDER      CANCELLATION

Columbia County Building & Zoning 135 NE Hernando Ave # 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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## PRIVATE PROVIDER REGISTRATION FORM

10602 NW 149<sup>th</sup> Place

Alachua, FL 32615

[Inspections@ctsolutionsfl.com](mailto:Inspections@ctsolutionsfl.com)

Certificate Holder's Name:	Timothy L Hunt II	DOB:	12/08/1979
Certificate Number:	BU2174	Email:	<a href="mailto:Thunt@ctsolutionsfl.com">Thunt@ctsolutionsfl.com</a>
Name of Business	CT Solutions of Florida LLC	Federal ID:	99-4613185
Business Address:	10602 NW 149 <sup>th</sup> Place Alachua, FL 32615		
Business Phone:	386.361.0209	Alternate Phone:	386.672.1657
Certificate Holder's Signature:			
	Date: September 18, 2024		

# LOCAL BUSINESS TAX RECEIPT

CITY OF ALACHUA  
STATE OF FLORIDA

NO. 2322

*The business identified below has paid the local business tax to engage in or manage the business, profession or occupation of:*

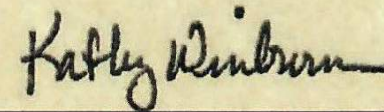
UNCLASSIFIED

*doing business at 10602 NW 149th PL  
in the city of CITY OF ALACHUA*

*for the period beginning on October 01, 2024 and ending on September 30, 2025*

**Issued:** September 2024

CT Solutions of Florida LLC  
10602 NW 149th PL  
Alachua, FL 32615



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City Manager or Designee