

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

Project Name: Hauke

Parcel Tax ID: 12-7S-16-04184-138 (22002)

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 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: Meskel and Associates Engineering

Private Provider: Tim Hunt

Address: 265 SW Malone St Suite 115, Lake City, FL 32025

Telephone: 904-519-6990 Fax: 904-519-6992

Email Address (Optional): thunt@meskelengineering.com

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

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.: _____

Corporation

West Shore Home LLC
Print Corporation Name
By: Jonte Hawkins
(signature)
Print
Name: Jonte Hawkins
Its: Contractor
Address: 1720 NW 4th Ave # 100 Ocala, FL 34475
Telephone
No. 727 232 4941

Partnership

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

Please use appropriate notary block.

STATE OF Florida

COUNTY OF Marion

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

Before me, this 10th day of May, 2024,
personally appeared
Jonte Hawkins of
West Shore Home LLC, a
LLC 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 ☒; or Produced identification _____ Type of identification produced _____

Signature of Notary Christine O'Malley

Print Name _____



Notary Public: NOTARY STAMP BELOW

My commission expires:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2024

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 Wellhouse Company, LLC 1 Independent Drive Suite 3125 Jacksonville FL 32202	CONTACT NAME: Bradley King, AAI PHONE (A/C, No, Ext): (904) 256-9481 FAX (A/C, No): (904) 372-1860 E-MAIL ADDRESS: Bking@wellhousecompany.com																					
INSURED Meskel & Associates Engineering, PLLC 3728 Phillips Hwy. Suite 208 Jacksonville FL 32207	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Crum & Forster Specialty Insurance Company</td><td>44520</td></tr><tr><td>INSURER B:</td><td>Auto-Owners Insurance</td><td>18988</td></tr><tr><td>INSURER C:</td><td>StarNet Insurance Company</td><td>40045</td></tr><tr><td>INSURER D:</td><td>Endurance American Specialty Insurance Company</td><td>41718</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Crum & Forster Specialty Insurance Company	44520	INSURER B:	Auto-Owners Insurance	18988	INSURER C:	StarNet Insurance Company	40045	INSURER D:	Endurance American Specialty Insurance Company	41718	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 24/25 GLA**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.

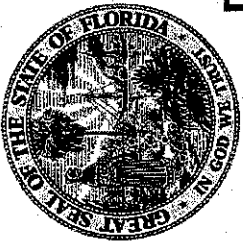
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPK-146630	01/24/2024	01/24/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5407943900	10/01/2023	10/01/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>PIP-Basic</td><td>\$ 10,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	PIP-Basic	\$ 10,000				
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C	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 checked="" type="checkbox"/> N	N/A		KRM446777824	10/01/2023	10/01/2024	<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	PER STATUTE	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						
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D	Professional Liability			DPL30025559501	10/01/2023	10/01/2024	<table><tr><td>Insuring Agreement</td><td>\$3,000,000</td></tr><tr><td>General Aggregate</td><td></td></tr><tr><td>Each Claim Limit</td><td>\$3,000,000</td></tr></table>	Insuring Agreement	\$3,000,000	General Aggregate		Each Claim Limit	\$3,000,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

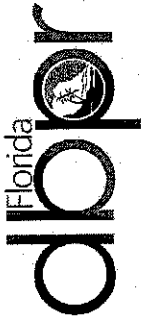
Columbia County 135 NE Hernando Avenue # 21 Lake City FL 32055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Ron 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



LICENSE NUMBER: BN7162

EXPIRATION DATE: NOVEMBER 30, 2025

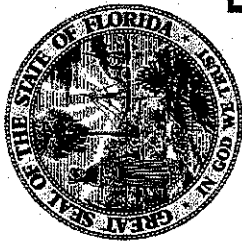
Always verify licenses online at MyFloridaLicense.com

ISSUED: 02/29/2024

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



LICENSE NUMBER: PX3903

EXPIRATION DATE: NOVEMBER 30, 2025

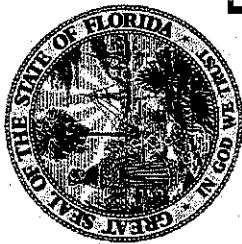
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Timothy L. Hunt, II

Building Official

10602 NW 149th Place
Alachua, FL 32615
(386) 361-0208
tlh4545@aol.com

SUMMARY

Experienced in streamlining and simplifying procedures to better serve the community. Successful management of budget acquiring updated equipment increasing accuracy and efficiency. Proficient at employee management and team motivation. Committed to quality at all stages of construction. Collaborates effectively with project managers, contractors and owners to problem solve. Accomplished updating procedures to match new codes and government policies. Highly motivated employee with desire to take on new challenges. Strong work ethic, diplomatic, exceptional interpersonal skills, and adept at working effectively under pressure.

SKILLS

- Permitting expertise
- Problem resolution
- Safety awareness
- License inspections
- ICC codes knowledge
- Organization
- Report preparation
- Contractor relationship development
- Complaint management
- Code enforcement
- Technical reviews
- Employee reviews

EXPERIENCE

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

APR 2022 - PRESENT

- Perform inspections of commercial and residential construction, remodel, repairs.
- Evaluate whether work was in accordance with all applicable city, state and federal guidelines, as well as applicable discipline-specific codes.
- Conduct and coordinate pre-inspections and post-inspection audits.
- Document violations and issue relevant documents such as stop-work orders.
- Completed investigations into complaints at work sites.
- Re-evaluate previously failed inspections.
- Attend hearings.
- Promote high customer satisfaction by acknowledging and resolving problems professionally.
- Budgeting and reporting, fully responsible for Building Operation.

- Provide information about materials and methods to correct problems and bring construction in compliance.
- Maintain up to date knowledge of inspection codes, ordinances, and regulations.
- Lead 9-person team.
- Increase efficiency by standardizing internal forms and procedures.
- Review plans and assess construction against plans.

City of Ocala, FL - Assistant Building Official

JUL 2019 - NOV 2023

- Continued to work in an on-call capacity.
- Moved up through ranks from Senior Inspector to Chief Inspector to Assistant Building Official.
- Managed 18-person team.
- Review plans and assess construction against plans.
- Maintain up to date knowledge of inspection codes, ordinances, and regulations.
- Completed investigations into complaints at work sites.
- Train new inspectors and apprentices.
- Document violations and issue relevant documents such as stop-work orders.
- Completed investigations into complaints at work sites.
- Evaluate whether work was in accordance with all applicable city, state and federal guidelines, as well as applicable discipline-specific codes.
- Re-evaluate previously failed inspections.
- Created an inspection affidavit program during Covid.
- Budgeting of 3.5 million

CGA, Deerfield Beach, FL – Plans Examiner

JAN 2019 - JUL 2020

- Remained part-time/on-call after relocation to the Central Florida area performing remote plan review.
- Plans Examiner

City of West Palm Beach, FL - Plumbing Inspector

APR 2017 - JAN 2019

- Plumbing plans inspector
- Plans examiner
- Inspections including, but not limited to, new construction, remodels, multi-family, custom homes, 30-story high-rises.

East Coast Mechanical, West Palm Beach, FL - Service Director

DEC 2012 - APR 2017

- Started as AC and Plumbing mechanic, promoted to Plumbing manager and then Service Director.
- Managed 226 employees.
- AC replacement and warranty service
- Responsible for budgeting revenues in excess of 35 million.

- Provide information about materials and methods to correct problems and bring construction in compliance.
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CREDENTIALS

- BU2174 Building Code Administrator, Building Code Official
- BN7162 DBPR Inspector License (Building, Mechanical and Plumbing Inspector)
- PX3903 DBPR Plans Examiner License (Building, Mechanical and Plumbing Reviewer)
- 408E-LP Florida Department of Agriculture License
- J-17315 Palm Beach County Journeyman Plumbing License
- Backflow Test and Repair Certification
- Master Plumbing Contractor

ACCOMPLISHMENTS

- Implemented electronic permit request that significantly impacted efficiency and improved operations.
- Created virtual inspection program.
- When appointed as the Building Official the City was only one of two in the state not in compliance with on-line permitting. Within 60 days I brought them into compliance.
- Establishing Drone Inspection program, Electrical Inspector License and Flood Plain Manager.