Form # 9B-3.053-2002-02

Private Provider Plan Compliance Affidavit Effective January 20, 2003

Private Provider Firm: UES Professional Solutions, LLC
Private Provider: David Meyer, CBO
Address: 4475 SW 35th Terrace, Gainesville, FL 32608
Phone: 352.372.3392 uesgainesville@teamues.com
Email: ——————
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: Florida License/Registration/Certification #(s) and description: Plan Sheets: Florida License/Registration/Certification #(s) and description:
PX2707
Signature of Reviewer:
SWORN AND SUBSCRIBED before me by 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 Print Name
Notary Public: NOTARY STAMP BELOW

My commission expires:

