

**Form # 9B-3.053-2002-01**  
**Notice to Building Official**  
**of Use of Private Provider**  
Effective January 20, 2003  
Revised July 1, 2021.

Project Name: Yvonne Jackson 776 NW Fairway Dr Lake City, FL 32055

Parcel Tax ID: 27-35-16-02311-005

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 Jose Nodal / Contractor, the fee owner, affirm I or my contractor have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: My Amelia, Inc DBA Inspected.com

Private Provider: Spencer Moore

Address: 1250 S. Pine Island Rd Suite 500 Plantation, FL 33324

Telephone: 954-820-4874

Fax: \_\_\_\_\_

Email Address (Optional): Permits@inspected.com

Florida License, Registration or Certificate #: PE 99007

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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

**Individual**

\_\_\_\_\_  
(signature)  
Print  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

**Corporation**

American Solar Installation Company LLC  
Print Corporation Name  
By: [Signature] (signature)  
Print  
Name: Jose Nodal  
Address: 2085 NW 2nd Ave, Miami, FL 33127  
Email address: permits.solar@terraenergy.io  
Telephone  
No.: 305-260-7000

Please use appropriate notary block.

STATE OF Florida  
COUNTY OF Miami Dade

**Individual**

Sworn to and subscribed before me by  
means of ☐ physical presence OR  
☐ online notarizations this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
who executed the foregoing instrument,  
and acknowledged before me that same  
was executed for the purposes therein  
expressed.

**Corporation**

Sworn to and subscribed before me by  
means of ☒ physical presence OR  
☐ online notarizations this 2nd  
day of July, 2025  
by Jose Nodal  
\_\_\_\_\_  
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 Driver License

Signature of Notary [Signature] Print Name Kelly Rosa

Notary Public: NOTARY STAMP BELOW

My commission expires: 6/16/2028

