

NOTICE TO BUILDING OFFICIAL

OF USE OF PRIVATE PROVIDER

(Form # 61g20-2.005-2002-01 : Effective January 1, 2025)

**Columbia County, Florida
Building Department**
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review Inspections Both

Note: If the fee owner elects to use or authorizes the use of 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 _____, the fee owner/ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

Email: _____

Florida License/Registration/Certification #: _____

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 that 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, or within 2 business days before the next scheduled

inspection, 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, fire safety, land use, environmental or other codes.

The following attachments are provided, as required:

- Qualification statements and/or resumes of the private provider and all duly authorized representatives
- A certificate of insurance as required by section 553.791(18), Florida Statutes
- Plan Compliance Affidavit (if plan review is completed by private provider)

Individual

Print Name

Address (line 1)

Address (line 2)

Telephone Number

Signature

Date

Corporation

Print Name

Representative Name

Address (line 1)

Address (line 2)

Telephone Number

Signature

Date



***NOTICE TO
BUILDING
OFFICIAL***

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 1, 2025
61G20-2.005, F.A.C.

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review Inspections

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I _____, the _____, the

fee owner / fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Florida Municipal Inspection Services LLC

Private Provider: James Reeves

Address: 10395 Seminole Blvd. Largo FL, 33778 Suite J

Telephone: (727)686-6735

Email Address: Lucas@FLinspected.com

Florida License, Registration or Certificate #: Building Code Administrator BU2097

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Individual

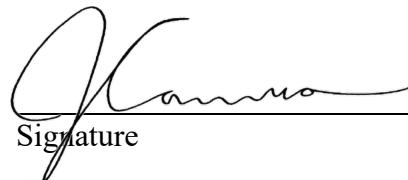
Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address



Signature

Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date



***RESUMES/
STATE OF
FLORIDA
LICENSES***



RESUME
JAMES E REEVES
9605 125 TH ST
SEMINOLE FL 33772
727-686-6735

- Reeves Builders Fl. licensed Residential / Building / Roofing Contractor 1997 to present
- Tempco A/C & Refrigeration Inc. Fl. licensed A/C – Plumbing Contractor 2017 to present
- Safebuilt Inc. Commercial and Residential Inspector 2018 to 2019
- Pinellas County Gov. Commercial and Residential Inspector 2019 to 2020
- City Of Seminole Building Official 2021 to present

Licensed 1&2 Family Inspector 2019

Licensed Building Inspector 2019

Licensed Building Code Administrator 2020

Commercial Mechanical Inspector 2020



10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

Names, License/Certificate Numbers, and License description of provider, and
Duly authorized agents who will be providing services on this project.

Name:	License/Cert. No	License/Cert Type
James Reeves	BU2097	Building Official
	BN7566	1 & 2 Family
	RPX498	Commercial Building
		Commercial Mechanical
		Residential Plans Examiner

Perry Lucas Hendershott BN5232 / PX2757
Commercial Plumbing & Mechanical Inspector
Commercial Plumbing & Mechanical Plans Examiner

Resume: Pinellas County PLBG/MECH/GAS Inspector & Plans Examiner 2005-2023



FLORIDA MUNICIPAL INSPECTIONS

10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

Names, License/Certificate Numbers, and License description of provider, and duly authorized agents who will be providing services on this project.

Name:	License/Cert. No	License/Cert Type
James Reeves	BU2097 BN7566 RP	Building Official 1 & 2 Family Residential Plans Examiner
Commercial Building	Commercial Mechanical	
Perry Lucas Hendershott	BN5232 / PX2757	Commercial Plumbing & Mechanical Inspector / Commercial Plumbing & Mechanical Plans Examiner
Resume-		
FMI 2023-PRESENT		
Pinellas County Inspector/Plans Examiner From 2005-2023	PLBG,GAS, MECH.	
Brian Reeves	BN8091	Commercial Building Commercial Mechanical
Resume-		
Pinellas County PCCLB Investigator & Inspector	BLDG,MECH Trade	2018-2021
Jesus Pineiro	BN8058	Commercial Mechanical
Resume-		
Licensed Inspector, FMI, 2024-present		
Owner, Pineiro Inc., 2000-2020		
Richard Santos	BN1781 PX2091	Commercial Building Commercial Mechanical
Resume-		
Licensed Inspector, FMI, 2025-present		
Plan Reviewer, NOVA, 2022-2025		
Inspecctor, SAFEBuilt LLC, 2020-2022		
David Chandler	PBI2742	Commercial Building
Resume-		
Licensed Inspector, FMI, 2025-present		
Licensed Specialty Construction Contractor and Flatwork Masonry Contractor 2018 – 2022.		
Owner, Construction Business, 2000-2025		
Building Inspector, Pinellas County, 2022-2025		
Ezzuldien Elgayar	BN6415	Commercial Building
Resume-		
Licensed Inspector, FMI, 2025-present		
Licensed Inspector, Various Roles, 1995-2025		
Owner, ELG Properties, 1996-2008		
Todd Francis	BN8148	Commercial Building
Resume-		
Licensed Inspector, FMI, 2022-present		
Licensed Inspector, JPI, 2021-2022		
Code Enforcement, Permitting, Contractor Licensing, Pinellas County, 1991-2021		



FLORIDA MUNICIPAL INSPECTIONS

10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

Names, License/Certificate Numbers, and License description of provider, and duly authorized agents who will be providing services on this project.

John Kostreles BN3807 PX2152 Commercial Mechanical

Resume-

Residential contractor from 1988-1998
Pinellas County Building Dept Building Inspector
& Building Plans Examiner 1998-2021

Kenneth Carter BN3596 PX1901 Commercial Mechanical

Resume-

Licensed Inspector, FMI, 2024-present
Pinellas County Building Dept Building Inspector
& Building Plans Examiner 1998-2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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	FAX (A/C, No): 203-654-3613
	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:						MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						PERSONAL & ADV INJURY	\$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			N9UM448607	05/02/2025	05/02/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE (Per accident)							
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N						PER STATUTE	OTH- ER
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							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)

CERTIFICATE HOLDER

Columbia County
135 NE Hernando Ave, Suite B21
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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2025

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	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
	INSURER A: National Liability & Fire Insurance Company	20052
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WV'D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 0	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 0	
	OTHER:						MED EXP (Any one person)	\$ 0	
	AUTOMOBILE LIABILITY ANY AUTO						PERSONAL & ADV INJURY	\$ 0	
	OWNED AUTOS ONLY HIRED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY				GENERAL AGGREGATE	\$ 0	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PRODUCTS - COMP/OP AGG	\$ 0	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					\$ 0	
	DED	RETENTION \$					COMBINED SINGLE LIMIT (Ea accident)	\$ 0	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A	N9WC679779	05/02/2025	05/02/2026	BODILY INJURY (Per person)	\$ 0	
A							BODILY INJURY (Per accident)	\$ 0	
							PROPERTY DAMAGE (Per accident)	\$ 0	
	Professional Liability (Errors & Omissions): Claims-Made							\$ 0	
							EACH OCCURRENCE	\$ 0	
							AGGREGATE	\$ 0	
								\$ 0	
							X 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	

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

Exclusions: James Reeves;

CERTIFICATE HOLDER

Columbia County
135 NE Hernando Ave, Suite B21
Lake City, FL 32055

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AUTHORIZED REPRESENTATIVE



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	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WV'D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OTHER:						MED EXP (Any one person)	\$	
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						PERSONAL & ADV INJURY	\$	
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$	
	UMBRELLA LIAB		OCCUR				PRODUCTS - COMP/OP AGG	\$	
	EXCESS LIAB		CLAIMS-MADE					\$	
	DED	RETENTION \$					COMBINED SINGLE LIMIT (Ea accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y / N	N / A				BODILY INJURY (Per person)	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	Professional Liability (Errors & Omissions): Claims-Made			N9PL395766	05/02/2025	05/02/2026	Per Occurrence/ Aggregate	\$1,000,000/ \$2,000,000	

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CERTIFICATE HOLDER

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Lake City, FL 32055

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	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WV'D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			N9BP681886	05/02/2025	05/02/2026	EACH OCCURRENCE	\$	1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000						
	MED EXP (Any one person)	\$	5,000						
	PERSONAL & ADV INJURY	\$	Included						
	GENERAL AGGREGATE	\$	2,000,000						
	PRODUCTS - COMP/OP AGG	\$	2,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									
X OTHER:									
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$	
			PROPERTY DAMAGE (Per accident)				\$		
							\$		
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE		OTH- ER
	E.L. EACH ACCIDENT	\$							
	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)

CERTIFICATE HOLDER

Columbia County
135 NE Hernando Ave, Suite B21
Lake City, FL 32055

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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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/23/2025

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PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): (844) 472-0967 E-MAIL ADDRESS: salessupport@biberk.com PRODUCER CUSTOMER ID:	FAX (A/C, No): (203) 654-3613
BIBERK P.O. Box 113247 Stamford, CT 06911		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Berkshire Hathaway Direct Insurance Compa	524298
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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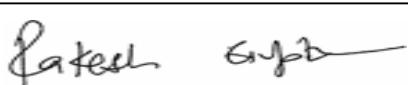
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 10395 Seminole Blvd Seminole, FL 33778
Bldg #001: Inspection and Appraisal Companies (Office) - 6383101

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<input checked="" type="checkbox"/>	PROPERTY					BUILDING	\$ 0
	CAUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$ 0
	BASIC	BUILDING				BUSINESS INCOME	\$ 0
	BROAD	250				EXTRA EXPENSE	\$ 0
<input checked="" type="checkbox"/>	SPECIAL	CONTENTS				RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$ n/a
	WIND					BLANKET PERS PROP	\$ n/a
	FLOOD					BLANKET BLDG & PP	\$ n/a
							\$
							\$
	INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS						\$
	NAMED PERILS		POLICY NUMBER				\$
							\$
	CRIME						\$
	TYPE OF POLICY						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Columbia County 135 NE Hernando Ave, Suite B21 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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4:12:45 PM 10/23/2024

Licensee Information

Name:	PINEIRO, JESUS (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:	PX4915
Status:	Current,Active
Licensure Date:	02/22/2023
Expires:	11/30/2025

Special Qualifications

Mechanical	02/22/2023
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4:12:13 PM 10/23/2024

Licensee Information

Name:	PINEIRO, JESUS (Primary Name)
Main Address:	*Private Address* *Private Address*
	Private Address
	Private Address
	Private Address

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN8058
Status:	Current,Active
Licensure Date:	08/31/2020
Expires:	11/30/2025

Special Qualifications

Residential	04/16/2024
Mechanical	08/31/2020

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12:55:21 PM 2/12/2025

Licensee Information

Name:	SANTOS, RICHARD R (Primary Name)
Main Address:	10608 BRANCHTON CHURCH RD THONOTOSASSA Florida 33592-2210
County:	HILLSBOROUGH

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN1781
Status:	Current,Active
Licensure Date:	08/05/1994
Expires:	11/30/2025

Special Qualifications

Building	
Commercial	11/21/2006
Electric	
Mechanical	11/21/2006
Plumbing	05/08/2002
Residential	
Electric	
Continuing Education	06/27/2024
Exemption	

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12:56:44 PM 2/12/2025

Licensee Information

Name:	SANTOS, RICHARD R (Primary Name)
Main Address:	10608 BRANCHTON CHURCH RD THONOTOSASSA Florida 33592-2210
County:	HILLSBOROUGH

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX2091
Status:	Current,Active
Licensure Date:	07/22/2002
Expires:	11/30/2025

Special Qualifications**Qualification Effective**

Building	03/18/2003
Electrical	03/18/2003
Mechanical	07/22/2002
Plumbing	07/22/2002
Continuing Education Exemption	06/27/2024

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1:40:03 PM 4/30/2025

Licensee Information

Name:	CARTER, KENNETH W (Primary Name)
Main Address:	5114 FARNSWORTH LN. NEW PORT RICHEY Florida 34653
County:	PASCO
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN3596
Status:	Current,Active
Licensure Date:	08/19/1999
Expires:	11/30/2025

Special Qualifications **Qualification Effective**

Building	
Commercial	
Electric	11/21/2006
Residential	
Electric	
Continuing	
Education	06/27/2024
Exemption	

Alternate Names

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1:48:34 PM 4/30/2025

Licensee Information

Name:	CARTER, KENNETH W (Primary Name)
Main Address:	5114 FARNSWORTH LN. NEW PORT RICHEY Florida 34653
County:	PASCO
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX1901
Status:	Current,Active
Licensure Date:	04/18/2001
Expires:	11/30/2025

Special Qualifications **Qualification Effective**

Building	03/27/2002
Electrical	
Continuing Education	06/27/2024
Exemption	

Alternate Names

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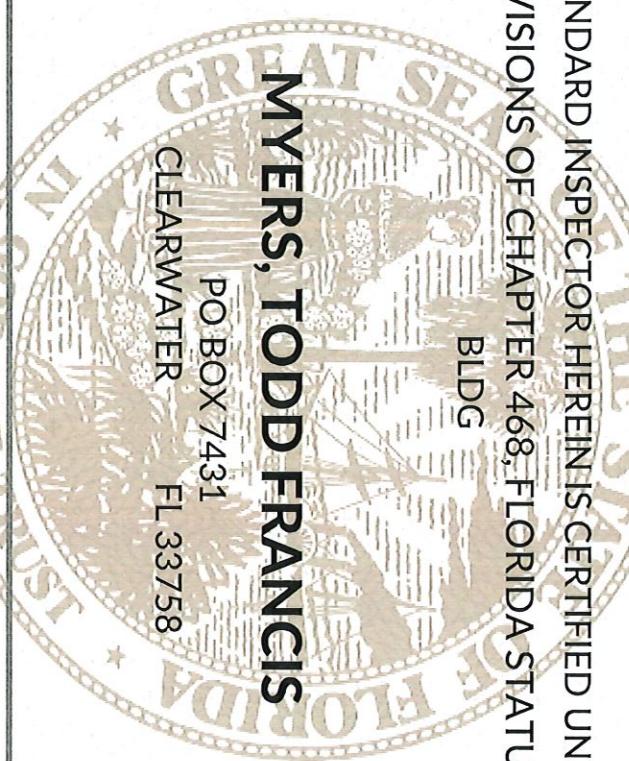
BUILDING CODE ADMINISTRATORS & INSPECTOR

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BLDG

MYERS, TODD FRANCIS

PO BOX 7431
CLEARWATER FL 33758



LICENSE NUMBER: BN8148

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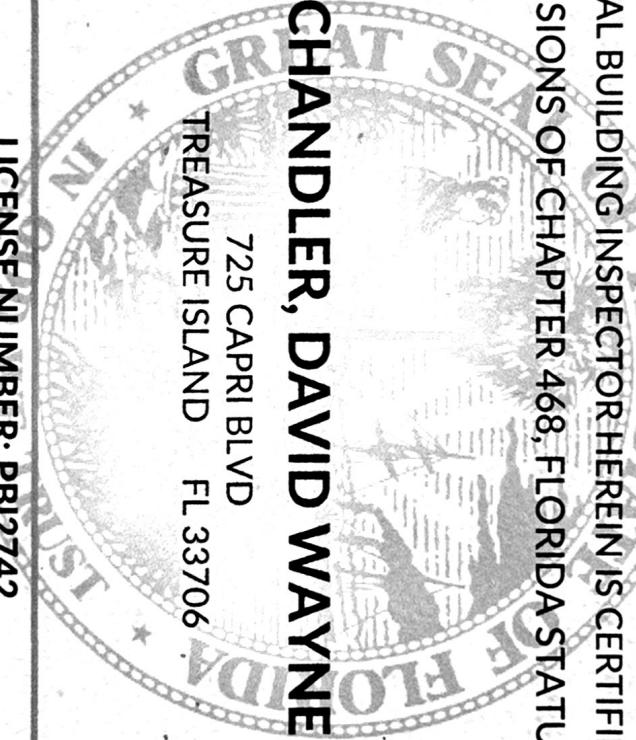
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BUILDING CODE ADMINISTRATORS & INSPECTOR

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

CHANDLER, DAVID WAYNE

725 CAPRI BLVD
TREASURE ISLAND FL 33706



LICENSE NUMBER: PBI2742

EXPIRATION DATE: FEBRUARY 13, 2026

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BLDG, MECH

REEVES, BRIAN JAMES

13522 87TH AVE N
SEMINOLE FL 33776

LICENSE NUMBER: BN8091

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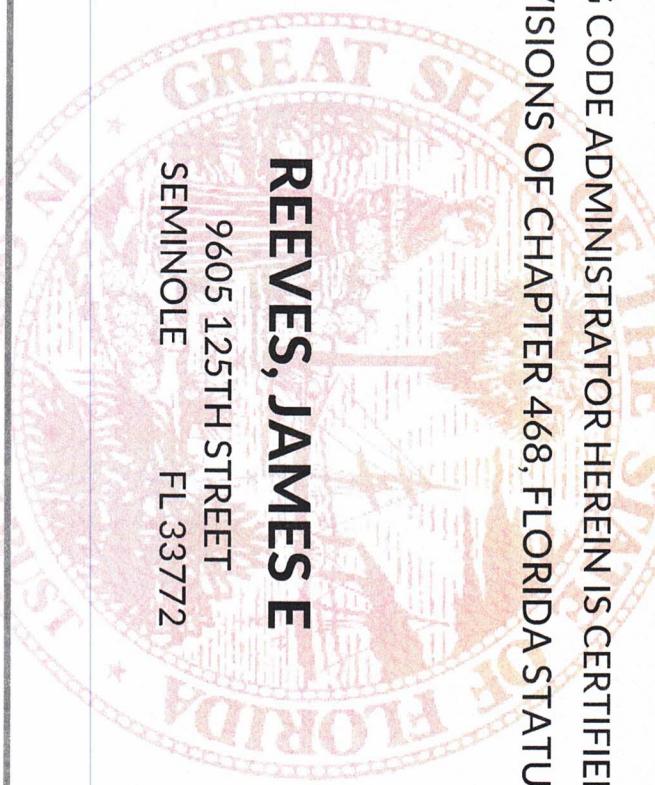


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REEVES, JAMES E

9605 125TH STREET
SEMINOLE FL 33772

LICENSE NUMBER: BU2097

EXPIRATION DATE: NOVEMBER 30, 2025

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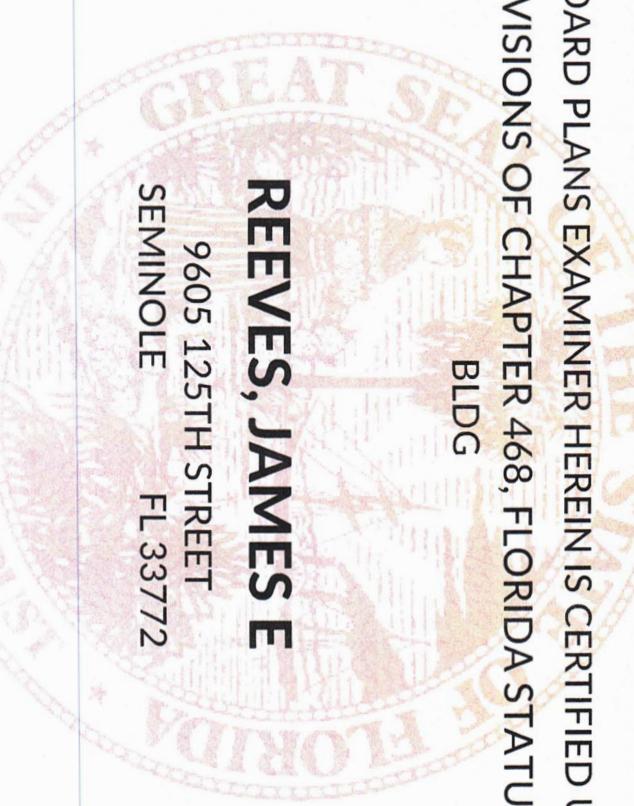


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REEVES, JAMES E

9605 125TH STREET
SEMINOLE FL 33772

LICENSE NUMBER: PX5029

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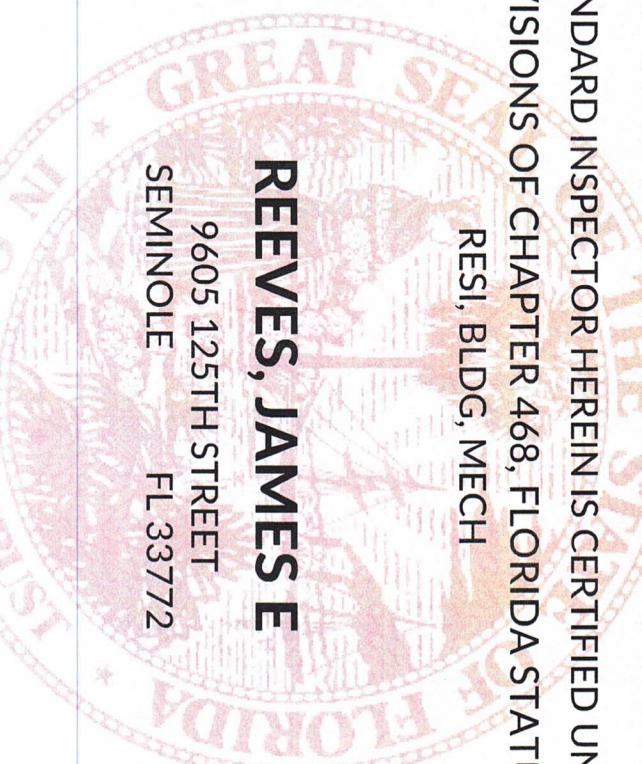


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RESI, BLDG, MECH



REEVES, JAMES E

9605 125TH STREET
SEMINOLE FL 33772

LICENSE NUMBER: BN7566

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PLUM, MECH

HENDERSHOT, PERRY LUCAS

2810 LAKE TARPON DRIVE
PALM HARBOR FL 34684

LICENSE NUMBER: **PX2757**

EXPIRATION DATE: NOVEMBER 30, 2025

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PLUM, MECH

HENDERSHOTT, PERRY LUCAS

2810 LAKE TARPON DRIVE
PALM HARBOR FL 34684

LICENSE NUMBER: BN5232

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LICENSE NUMBER: BN6415

EXPIRATION DATE: NOVEMBER 30, 2025

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BLDG

ELGAYAR, EZZULDIEN H
1441 GARY ROAD
LAKELAND FL 33801



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