

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: Century Studio - Interior Renovation

Parcel Tax ID: 95.35.16.02585 -006

Services to be provided: Plans Review ☒ Inspections ☒

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, Keith Eaker for WJHFL, 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: Universal Engineering Sciences, LLC

Private Provider: Marshal McElroy, CBO

Address: 4475 SW 35th Terrrace, Gainesville, FL 32608

Telephone: 352.372.3392

Email Address: mmcelroy@universalengineering.com

Florida License, Registration or Certificate #: BU-1901

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

WJHFL, LLC
Print Corporation Name
By: [Signature]
(signature)
Print
Name: Keith Eaker
Its:
Address: 3091 Governors Lake Dr
Ste. 300, Norcross, GA
Telephone
No.: 407.951.2644

Partnership

Print Partnership Name
By: _____
(signature)
Print
Name: _____
Its:
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

Before me, this 22 day of Feb., 2022, personally appeared Keith Eaker of WJHFL, 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

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.

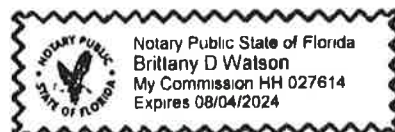
Personally known [Signature] or Produced identification _____ Type of identification produced _____

Signature of Notary [Signature]

Print Name Brittany Watson

Notary Public: NOTARY STAMP BELOW

My commission expires:



Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: Universal Engineering Sciences

Private Provider: Marshall McElroy, CBO

Address: 4475 SW 35th Terrace, Gainesville, FL 32608

Phone: 352.372.3392

Fax: _____

Email: mmcelroy@universalengineering.com

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: Century Studio - Interior Alteration
A0.0, A.01, A.2.1, A3.1, E1.0, M1.0

Florida License/Registration/Certification #(s) and description:

PX2707

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____

Lawrence Pernell

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.

B. Watson

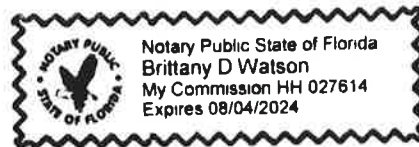
Signature of Notary

Brittany Watson

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2022

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 Beecher Carlson Insurance Services a Brown & Brown company 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328 www.bbinsurance.com		CONTACT NAME: Camille Pettway PHONE (A/C, No. Ext): E-MAIL ADDRESS: camille.pettway@bbrown.com		FAX (A/C, No):
INSURED Universal Engineering Sciences, LLC 3532 Maggie Blvd Orlando FL 32811		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Everest National Insurance Company		10120
		INSURER B: Everest Premier Insurance Company		16045
		INSURER C: StarStone Specialty Insurance Company		44776
		INSURER D: AXIS Insurance Company		37273
		INSURER E: Evanston Insurance Company		35378
		INSURER F: Landmark American Insurance Company		33138

COVERAGES

CERTIFICATE NUMBER: 66153927

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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RM5GL00058-221	1/1/2022	1/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Employee Benefits \$1,000,000
A	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RM5CA00056-221	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
F	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LHA096670	1/1/2022	1/1/2023	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	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 N	<input checked="" type="checkbox"/>	RM5WC00084-221 (AOS) RM5WC00085-221 (FL,NJ,ME)	1/1/2022 1/1/2022	1/1/2023 1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
C	Excess General Liab. (\$4M xs of \$1M)			771 02C200ALI	1/1/2022	1/1/2023	Limit: \$4,000,000
D	Excess Auto Liability (\$2M xs of \$3M)			P-001-000769170-01	1/1/2022	1/1/2023	Limit: \$2,000,000
E	Professional Liability			MKL7V7PL0005114	2/1/2022	2/1/2023	Per claim/Aggregate \$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 Department
135 NE Hernando Avenue
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 *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

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ACORD 25 (2016/03)

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Universal Engineering Sciences

4475 SW 35th Ave
Gainesville, FL 32608
(352) 372-3392



Schedule Inspections

Please contact UES' dispatch via email or by phone to schedule, reschedule or cancel inspections.

EMAIL: uesgainesville@universalengineering.com PHONE: (352) 372-3392

Inspector License Info

SWILLIAMS BN6908 **RDAVIS BN2157**

Keith Butts, PE Branch Manager, GNV	License Number	Status/Expires
Professional Engineer	53986 Professional Engineer	Current, Active 02/28/2023

Marshall McElroy BID Manager, GNV	License Number	Status/Expires
Standard Inspector	BN6543 MEP Building and Residential	Current, Active 11/30/2023
Building Code Administrator	BU1901 Private Provider Qualifier	Current, Active 11/30/2023
Standard Plans Examiner	PX3511 Plans Examiner- Building	Current, Active 11/30/2023

Stephen Thomas, PE	License Number	Status/Expires
Professional Engineer	87913 Professional Engineer	Current, Active 02/28/2023

Thomas McCarthy	License Number	Status/Expires
Standard Inspector	BN5161 MEP Building and Residential	Current, Active 11/30/2023

Charlie Hayes	License Number	Status/Expires
Standard Inspector	BN5161 MEP Building and Commercial Plumbing	Current, Active 11/30/2023

Jed Mitchell	License Number	Status/Expires
Standard Inspector	BN6357 Commercial Electrical	Current, Active 11/30/2023

Universal Engineering Sciences

4475 SW 35th Ave
Gainesville, FL 32608
(352) 372-3392



Luther (Gene) Stockman	License Number	Status/Expires
Standard Inspector	BN1225 MEPB Residential & Commercial MP	Current, Active 11/30/2023

Jeffery Morrison	License Number	Status/Expires
Standard Inspector	BN6542 MEP Building and Residential	Current, Active 11/30/2023

Lawrence Pernell	License Number	Status/Expires
Standard Inspector	BN4537 MEP Building and Residential, Commercial Electrical	Current, Active 11/30/2023
Building Code Administrator	BU1504 Building Code A Special Qualifications - Modular 1&2	Current, Active 11/30/2023
Standard Plans Examiner	PX2707 Plans Examiner MEP Building	Current, Active 11/30/2023



Ron DeSantis, Governor



STATE OF FLORIDA

BOARD OF PROFESSIONAL ENGINEERS

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

BUTTS, KEITH LATIMER

9347 SW 84TH STREET
GAINESVILLE FL 32608

LICENSE NUMBER: PE53986

EXPIRATION DATE: FEBRUARY 28, 2023

Always verify licenses online at MyFloridaLicense.com



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.

Licensee Details

Licensee Information

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6543**
Status: **Current,Active**
Licensure Date: **06/18/2014**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	06/18/2014
Residential	04/11/2019

Alternate Names

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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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Licensee Details

Licensee Information

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Building Code Administrator**
Rank: **Building Code A**
License Number: **BU1901**
Status: **Current,Active**
Licensure Date: **08/24/2015**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**

Alternate Names

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Licensee Details**Licensee Information**

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3511**
Status: **Current,Active**
Licensure Date: **06/18/2014**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Building **06/18/2014**

Alternate Names

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Licensee Details

Licensee Information

Name: **THOMAS, STEPHEN CARLYLE (Primary Name)**
Main Address: **174 SE HUBBLE ST
LAKE CITY Florida 32025**
County: **COLUMBIA**

License Mailing:

LicenseLocation:

License Information

License Type: **Professional Engineer**
Rank: **Prof Engineer**
License Number: **87913**
Status: **Current,Active**
Licensure Date: **08/22/2019**
Expires: **02/28/2023**

Special Qualifications **Qualification Effective**
Civil **08/22/2019**

Alternate Names

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However email addresses are public record, If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

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LICENSEE DETAILS

9:13:44 AM 3/9/2022

Licensee Information

Name:	HAYES, CHARLES V. (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*
License Mailing:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN5656
Status:	Current,Active
Licensure Date:	01/24/2007
Expires:	11/30/2023

Special Qualifications

Special Qualifications	Qualification Effective
Building	11/24/2008
Plumbing	01/24/2007

Alternate Names

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LICENSEE DETAILS

1:35:56 PM 2/3/2022

Licensee Information

Name:	MITCHELL, JED D (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:	PX4003
Status:	Current,Active
Licensure Date:	12/05/2017
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Electrical	12/05/2017
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LICENSEE DETAILS

1:35:42 PM 2/3/2022

Licensee Information

Name:	MITCHELL, JED D (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN6357
Status:	Current,Active
Licensure Date:	06/23/2011
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Electrical Inspector	06/23/2011
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Alternate Names

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Licensee Details**Licensee Information**

Name: **MCCARTHY, THOMAS R JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN5161**
Status: **Current,Active**
Licensure Date: **11/15/2005**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Building **11/15/2005**
Residential **07/13/2007**

Alternate Names**[View Related License Information](#)****[View License Complaint](#)**

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LICENSEE DETAILS

1:35:10 PM 2/3/2022

Licensee Information

Name:	STOCKMAN, LUTHER EUGENE JR (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN1225
Status:	Current,Active
Licensure Date:	05/05/1994
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building	
Mechanical	11/21/2006
Plumbing	
Residential Electric	

Alternate Names

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Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN4537**
Status: **Current,Active**
Licensure Date: **04/17/2003**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	04/17/2003
Commercial Electric	06/05/2003
Residential	05/05/2003
Mechanical	06/18/2003
Plumbing	05/13/2003
Residential Electric	04/17/2003

Alternate Names

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Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**

Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Location:

License Information

License Type: **Building Code Administrator**

Rank: **Building Code A**

License Number: **BU1504**

Status: **Current, Active**

Licensure Date: **08/18/2006**

Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Modular 1&2 **12/12/2005**

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However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

License Location:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX2707**
Status: **Current, Active**
Licensure Date: **06/20/2006**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	06/20/2006
Electrical	11/14/2007
Mechanical	10/10/2006
Plumbing	01/08/2007

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Licensee Details

Licensee Information

Name: **MORRISON, JEFFREY B (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6542**
Status: **Current,Active**
Licensure Date: **06/11/2014**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Electrical Inspector	06/11/2014
Residential	04/10/2020
Mechanical	10/25/2016
Plumbing	06/15/2019

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