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

Project Name:	Lot 43 - Jewel Lake - Phase II		
Parcel Tax ID:	33.3\$.16.02439.243		
	provided: Plans Review	Inspections	
Official	f the notice applies to cither private plant I may require, at his or her discretion, the 1 553.791(2) Florida Statute.	review or private inspection services the Building private provider be used for both services pursuant to	
[Keith Eak	ker for Wade Jurney Homes	the fee	
owner, affirm I		, the fee ivate Provider indicated below to conduct the services	
Private Provido	cr Firm: Universal Engineering Science	ces, LLC	
Private Provide	er:Marshall McElroy		
Address: —	4475 SW 35th Terrace, Gain	esville, FL 32608	
Telephone:	352.372.3392	Fax:	
Email Address	s (Optional): mmcelroy@universaler	ngineering.com	
Florida Licens	se. Registration or Certificate #: BU-19	001	

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 I 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	Wage we tomes	Partnership
	Print Corporation Name	Print Partnership Name
	By: LATE	Rv.
(signature)	(signature)	By:(signature)
Print	Print 1	Print
Name:	Name: LETT - LOKER	Name:
Address:	lts:	Its:
	Address: 1891 GOVENNON Vale X	Address:
Telephone	STE ZOD, ALONINGC, GA	
No.:	Telephone	Telephone
	No. 407-951-2644	No.:
Please use appropriate notary block.	101-191-19	1103
STATE OF		
COUNTY OF		
Individual	Corporation	Partnership
Before me, this day of	Before me, this day of ,	Before me, this day of, 20,
Before me, this day of, 20, personally	Septemby 2021	of, 20,
appeared	personally appeared of	personally appeared
who executed the foregoing instrument,	A second	partner/agent on behalf of
and acknowledged before me that same was executed for the purposes therein	(Valle furney Homes, a corporation, on	partner/agent on behalf of
expressed.	behalf of the state corporation, who	a partnership, who executed the
expressed.	executed the foregoing instrument and	foregoing instrument and
	acknowledged before me that same was	acknowledged before me that same
	executed for the purposes therein	was executed for the purposes therein
	expressed.	expressed.
N		
Personally known or Produced identi	fication Type of identification produced	r
Gulatine	2.4	Las Illaton
Signature of Notary 2. Watsv	Print Name	any Watson
Notary Public: NOTARY STAMP BELOW		
County Facility Control of the Contr		
May as manispion available	THE STATE OF THE PROPERTY OF T	

My commission expires:

Form # 9B-3.053-2002-02

Private Provider Plan Compliance Affidavit Effective January 20, 2003

Private Provider Firm: Universal Engineering Sciences, LLC
Private Provider: Marshall McElroy
Address: 4475 SW 35th Terrace, Gainesville, FI 32608
Phone: 352.372.3392 Email: Fax: 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: Vay deu ce ou parcel idt 33-35-16.02439.243
Florida License/Registration/Certification #(s) and description: 124 43
Px 2707 Bu 1504 BN 4537 Signature of Reviewer:
SWORN AND SUBSCRIBED before me by
Notary Public: NOTARY STAMP BELOW
My commission expires: May 2,2028

