

**UNIVERSAL ENGINEERING SCIENCE, INC.**

5561 Florida Mining Blvd  
 Jacksonville, FL 32257  
 904-296-0757 ~ Fax: 904-296-0748

**NOTICE TO BUILDING OFFICIAL – USE OF PRIVATE PROVIDER**

Project Name: Rolling Meadows - Lot 43 Plans Review Inspections Both  
 Parcel Tax I.D. 15.45.16.03023.543 Circle one

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 to be used for both services pursuant to Section 553.791(2) Florida Statute.

I, Josh Sparks of Sparks Construction + Design, Inc.  
 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, Inc. FL License, Registration or Certificate No. P.E. 38705  
 Private Provider: Richard G. Kushner, P.E.  
 Address: 5561 Florida Mining Blvd, Jacksonville, FL 32251 Phone: 904-296-0757 Fax: 904-296-0748

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.

INDIVIDUAL	CORPORATION	PARTNERSHIP
Print Individual Name	Print Corporation Name	Print Partnership Name
By: _____ (signature)	By: <u>Sparks Construction + Design, Inc.</u> (signature)	By: _____ (signature)
Print Name: _____	Print Name: <u>Josh Sparks</u>	Print Name: _____
Address: _____	Address: <u>424 SW Commerce Dr. Ste. 130, Lake City, FL 32025</u>	Address: _____
Telephone No.: _____	Telephone No.: <u>904. 623. 0575</u>	Telephone No.: _____

Please use appropriate notary block.

STATE OF Florida  
 COUNTY OF Columbia

Signature: [Signature]  
Josh Sparks

**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.

Personally known ✓ or, produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Signature of Notary

Notary Public: NOTARY STAMP BELOW

**Corporation**

Before me, this 25 day of November, 2019, 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.

Print Name

My commission expires: 7/21/2020

**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.

