



NORTH FLORIDA PROFESSIONAL SERVICES

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Jurisdiction: Columbia County Permit No: 47060

Project Address: 235 SW Smith Lane, Lake City, FL 32024

Project Folio or Parcel No: 36-4S-16-03300-003 (16346)

Fee Owner or Contractor Name (Printed): Reed McDaniel Construction

Services to be provided (select all that apply):

☐ Plan Review Only ☒ Inspections Only ☐ Plan Review and Inspections

PRIVATE PROVIDER FIRM

Name of Firm: North Florida Professional Services

Business Mailing Address: P. O. Box 3823 Lake City, FL 32056

Business Physical Location: 1450 SW SR 47 Lake City, FL 32025

Office Phone: (386) 752-4675 Fax: (386) 752-4674 E-Mail: info@nfps.net

PRIVATE PROVIDER QUALIFIER

Name of Qualifier: David C. Young License No: BU645, BN466, PX216

Office Phone: (386) 752-4675 Cell Phone (407)460-5255

Email: dyoung@nfps.net



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ACKNOWLEDGEMENT

I, Leslie McDaniel, have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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 the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code plan review and/or 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

Leslie McDaniel

Printed or Typed Name of Fee Owner of Property or contractor

[Signature]

Signature of Fee Owner of Property or Contractor

NOTARY

STATE OF FLORIDA

COUNTY OF Columbia

The forgoing instrument was acknowledged before me by means of: Physical Presence ☒ or Online Notarization ☐
Personally known to me ☒ or Produced identification ☐. Type of Identification produced _____

By Leslie McDaniel on this 12 day of June, 2023.

NOTARY SEAL OR STAMP



My Commission Expires : 5/12/25

[Signature]
Signature of Notary

Christy Gehr
Printed Name of Notary