

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: Brooks Residence

Parcel Tax ID: 10-6S-16-03813-003

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, Leo Brooks, 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 Terrace, 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: Leo Brooks
Address: 1432 Elderton
Dr. Apopka, FL 32703
Telephone
No.: 407-694-3199

Please use appropriate notary block.

STATE OF Florida

COUNTY OF Orange

Individual

Before me, this 3 day of
November, 2021, personally
appeared Leo Brooks
who executed the foregoing instrument,
and acknowledged before me that same
was executed for the purposes therein
expressed.

Corporation

Print Corporation Name _____
By: _____
(signature)
Print
Name: _____
Its: _____
Address: _____
Telephone
No.: _____

Partnership

Print Partnership Name _____
By: _____
(signature)
Print
Name: _____
Its: _____
Address: _____
Telephone
No.: _____

Corporation

Before me, this _____ day of _____,
20____, personally appeared _____
of _____
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

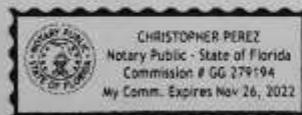
Before me, this _____ day
of _____, 20____, personally appeared _____
partner/agent on behalf of _____
a partnership, who executed the
foregoing instrument and
acknowledged before me that same
was executed for the purposes therein
expressed.

Personally known _____; or Produced identification ☒ Type of identification produced FLDL B620520554660

Signature of Notary Christopher Perez Print Name Christopher Perez

Notary Public: NOTARY STAMP BELOW

My commission expires: Nov. 26, 2022



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, 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 Pernel

Plan Sheets: Brooks Residence
A1, T1, A2, E1, P1, S1, S2
S3, S4

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

BU1504

PX2707

BN4537

Signature of Reviewer: _____

Lawrence Pernel

SWORN AND SUBSCRIBED before me by Lawrence Pernel
being personally known to me X 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:

