

**Notice to Building Official of
Use of Alternative Provider**

Project Name: Lake City Plaza, LLC
Parcel Tax I.D.: 05-45-17-14241-000

Services to be Provided: Plans Review ☒ Inspections ☐

I, Lake City Plaza, LLC, the fee owner, am aware that the contractor has entered into a contract with the Private Provider Indicated below to conduct the services indicated above.

Private Provider Firm: Universal Engineering Sciences

Private Provider: Mark K Hardy

Address: 9802 Palm River Rd, Tampa FL 33619

Telephone: 813-740-8506 Fax: 813-740-8606

E-mail Address: TampaBIDScheduling@UniversalEngineering.com

Florida License, Registration or Certificate No.: 57233

I have elected to use one or more alternative 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 and \$2 million in aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million is aggregate for any project with a construction cost of over \$5 million.

Individual

Corporation

Partnership

Lake City Plaza, LLC
Print Corporation Name

Print Partnership Name

(signature)

By: [Signature]
(signature)

By: _____
(signature)

Print
Name: _____

Print
Name: Dan Karpinski, Agent for Owner

Print
Name: _____

Address: _____

Its:
Address: 2343 SE Maniton Terrace, Port St. Lucie, FL 34952

Its:
Address: _____

Telephone
No.: _____

Telephone
No.: 772-971-0111

Telephone
No.: _____

Please use appropriate notary block.

STATE OF FL
COUNTY OF St Lucie

Individual

Corporation

Partnership

Before me, this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization

Before me, this 28 day of April, 2022 by means of X physical presence or _____ online notarization

Before me, this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization

of Lake City Plaza, LLC

A Corporation,
on behalf of the state corporation
A partnership,

appeared
Partner/agent on behalf of

who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

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 PPL

Teresa Bennigan

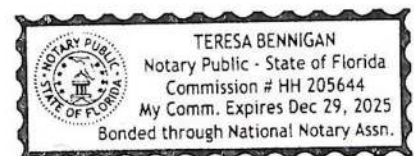
Signature of Notary

Teresa Bennigan

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: Dec 29, 2025





Grounded in Excellence

Geotechnical Engineering
Construction Materials Testing & Inspection
Building Code Compliance
Occupational Health & Safety
Environmental
Building Envelope

Private Provider Plans Compliance Affidavit

Private Provider Firm: Universal Engineering Sciences

Private Provider: George W. Dixon, BCA

Address: 9802 Palm River Road
Tampa, FL 33619-4438

Phone: 813 740 8506

Fax: 813 740 8706

Email: TampaInfo@UniversalEngineering.com

Project Name: Green Dragon – 905 SW Main Blvd, Suite 100, Lake City FL

Sheets: **Architectural – 7 pages** **Mechanical – 3 pages**
Electrical – 2 pages **Plumbing – 2 pages**

I hereby certify that to the best of my knowledge, information, and belief the referenced plans submitted were reviewed for, and are in compliance with, the Florida Building Code and all local amendments to the 2020 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. The design professional is responsible to make any necessary adjustments and/or revisions to ensure code compliance.

| | | |
|--|---|--|
| <u>Ross Howsare, PX3766</u> Plans Examiner, Bldg | Signature: <u>Ross Howsare</u> <small>DocuSigned by: C55D1CA5A21D47B...</small> | Date: <u>4/27/2022</u> <small>DocuSigned by: A210790186214A5...</small> |
| <u>Gary Vigrass, PX3589</u> Plans Examiner, Elec | Signature: <u>Gary J. Vigrass</u> <small>DocuSigned by: A210790186214A5...</small> | Date: <u>4/27/2022</u> |
| <u>George W. Dixon, PX440</u> Plans Examiner, Mech | Signature: <u>[Signature]</u> <small>DocuSigned by: [Signature]</small> | Date: <u>4-27-2022</u> |
| <u>Timothy Henline, PX4134</u> Plans Examiner, Plum | Signature: <u>Timothy Henline</u> <small>DocuSigned by: E395ETD89D674F7...</small> | Date: <u>4/27/2022</u> |
| <u>George W. Dixon, BU1097</u> Private Provider | Signature: <u>[Signature]</u> <small>DocuSigned by: [Signature]</small> | Date: <u>4-27-2022</u> |

State of Florida, County of Hillsborough,
SWORN AND SUBSCRIBED before me, ☒ by means of ☐ physical presence or ☐ online notarization, on the 27th day of April, 2022 by George W. Dixon and being personally known to me and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Kim Y. White
Signature of Notary Kim Y. White
Printed Name

Notary Public Stamp:

