

**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
Effective January 1, 2025  
61G20-2.005, F.A.C.

Project Name: Barnard Pole Barn

Parcel Tax ID: 21-7S-17-10039-106

Services to be provided:

Plans Review       Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I Scott Rosenboom or Tom/Marsha Barnard, the

fee owner /  fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Universal Engineering Sciences, LLC aka UES Professional Solutions, LLC

Private Provider: Anthony Aslan

Address: 4475 SW 35th Terrace, Gainesville, FL 32608

Telephone: 352.372.3392

Email Address: uesgainesville@teamues.com

Florida License, Registration or Certificate #: BU2358

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure 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 or structure 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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date

Corporation

Print name

Representative name

Address (line 2)

Telephone Number

Email Address

Signature

Date

Rosenboom Inc

Scott Rosenboom

19802 NW 190th AVE

352-538-3877

buildk@aol.com

Scott Rosenboom

9/4/25



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	<b>CONTACT NAME:</b> Greyling COI Specialist <b>PHONE (A/C. No. Ext):</b> 7706705324 <b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com	<b>FAX (A/C. No.):</b> 770.670.5324													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : Westchester Surplus Lines Insurance Co</td> <td>10172</td> </tr> <tr> <td>INSURER C : Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER D : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER E : Convex Insurance UK Limited</td> <td>71499</td> </tr> <tr> <td>INSURER F : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Greenwich Insurance Company	22322	INSURER B : Westchester Surplus Lines Insurance Co	10172	INSURER C : Landmark American Insurance Company	33138	INSURER D : Navigators Specialty Insurance Company	36056	INSURER E : Convex Insurance UK Limited	71499	INSURER F : Aspen Specialty Insurance Company
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INSURER E : Convex Insurance UK Limited	71499														
INSURER F : Aspen Specialty Insurance Company	10717														
<b>INSURED</b> UES Professional Solutions, LLC 4205 Vineland Road, Suite L1 Orlando, FL 32811	UNIVENG														

**COVERAGES**

CERTIFICATE NUMBER: 801974055

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A F	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> \$1M Emp. Benefit GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	RGC300209901 CX010NE25	5/1/2025 5/1/2025	5/1/2026 5/1/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 XS GL Per Occ/Agg \$4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RAC943832501	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B C D	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	G48816149001 LHA606324 GA25EXCZ0KKF11C	5/1/2025 5/1/2025 5/1/2025	5/1/2026 5/1/2026 5/1/2026	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	RWC300210001	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Professional Liab incl. Pollution Liab			B0146LDUSA2505257	5/1/2025	5/1/2026	Per Claim Aggregate \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

AKA : Universal Engineering Sciences, LLC

**CERTIFICATE HOLDER****CANCELLATION**

Columbia County Building Department  
 135 NE Hernando Avenue, #21  
 Lake City, FL 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**UES Professional Solutions, LLC aka Universal Engineering Sciences, LLC  
 Private Provider Licenses\***

<b>Richard Kushner, P.E.</b>	<b>License Number</b>	<b>Status/Expires</b>
Professional Engineer	38705 Professional Engineer	Current, Active

<b>Keith Butts, P.E.</b>	<b>License Number</b>	<b>Status/Expires</b>
Professional Engineer	53986 Professional Engineer	Current, Active

<b>Anthony Aslan</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN8028 Inspector Residential, BLDG., Mechanical, & Plumbing	Current, Active
Building Code Administrator	BU-2358 Building Code A	Current, Active
Standard & Residential Plans Examiner	PX4535 & RPX350 Plans Examiner -Residential, BLDG., Mechanical, & Plumbing	Current, Active

<b>Marshall McElroy</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN6543 Inspector-Building & Residential	Current, Active
Building Code Administrator	BU-1901 Building Code A	Current, Active
Standard Plans Examiner	PX3511 Plans Examiner- Building	Current, Active

<b>David Hulst</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN8501 Inspector Building & Residential, Mechanical, Plumbing	Current, Active
Standard Plans Examiner	PX4897 Plans Examiner- Building, Mechanical, Plumbing	Current, Active

<b>Lawrence Pernel</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN4537 Inspector Building, Commercial Elec., Residential, Mechanical, Plumbing, Residential Elec.	Current, Active
Building Code Administrator	BU-1504 Building Code A Special Qualifications - Modular 1 & 2	Current, Active
Standard Plans Examiner	PX2707 Plans Examiner- Building, Electrical, Mechanical, Plumbing	Current, Active

<b>Steven Sapp</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN3217 Inspector Building & Residential	Current, Active

<b>Seth Green</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN7696 Inspector Building & Residential	Current, Active

<b>Charlie Hayes</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN5656 Inspector Building & Plumbing	Current, Active

<b>Jed Mitchell</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN6357 Inspector Electrical	Current, Active

<b>William Dasher</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN4118 Inspector Electrical	Current, Active
Standard Plans Examiner	PX1973 Plans Examiner-Electrical	Current, Active

<b>Marc Winburn</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN7433 Inspector-Residential, BLDG., Mechanical, Plumbing , & Electrical	Current, Active
Building Code Administrator	BU-2122 Building Code A	Current, Active
Standard & Residential Plans Examiner	PX4177 & RPX320 Plans Examiner -Residential, BLDG., Mechanical, Electrical & Plumbing	Current, Active

<b>A.Luke Holcombe</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN8956 Inspector-Building & Residential	Current, Active
Residential Plans Examiner	RPX511 Plans Examiner – Residential	Current, Active

<b>D. Ricky Agee</b>	<b>License Number</b>	<b>Status/Expires</b>
Standard Inspector	BN5357 Inspector Building & Residential	Current, Active
Standard & Residential Plans Examiner	PX4675 & RPX358 Plans Examiner – Bldg, & Residential	Current, Active

\*This list is not all-inclusive. The inspectors and plans examiners noted here may assist with projects in the jurisdiction for this private provider submission.



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### LICENSEE DETAILS

3:59:55 PM 3/10/2025

#### Licensee Information

Name:	<b>KUSHNER, RICHARD GARY (Primary Name)</b>
Main Address:	<b>462 RIDGEWAY ROAD SAINT AUGUSTINE Florida 32080</b>
County:	<b>ST. JOHNS</b>

#### License Information

License Type:	<b>Professional Engineer</b>
Rank:	<b>Prof Engineer</b>
License Number:	<b>38705</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/10/1987</b>
Expires:	<b>02/28/2027</b>

#### Special Qualifications

#### Qualification Effective

<b>Special Inspector</b>	<b>04/03/1990</b>
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#### Alternate Names

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**FBPE**  
FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**BOARD OF PROFESSIONAL ENGINEERS**

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES



**BUTTS, KEITH LATIMER**

9347 SW 84TH STREET  
GAINESVILLE FL 32608

**LICENSE NUMBER: PE53986**

**EXPIRATION DATE: FEBRUARY 28, 2027**

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## LICENSEE DETAILS

11:07:30 AM 12/1/2025

### Licensee Information

Name:	<b>ASLAN, ANTHONY WAYNE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU2358</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/24/2025</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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## LICENSEE DETAILS

11:07:20 AM 12/1/2025

### Licensee Information

Name:	<b>ASLAN, ANTHONY WAYNE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8028</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/28/2020</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>03/05/2024</b>
<b>Residential</b>	<b>12/20/2020</b>
<b>Mechanical</b>	<b>07/28/2020</b>
<b>Plumbing</b>	<b>03/06/2025</b>

### Alternate Names

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## LICENSEE DETAILS

11:07:08 AM 12/1/2025

### Licensee Information

Name:	<b>ASLAN, ANTHONY WAYNE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4535</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/23/2020</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>06/03/2024</b>
<b>Mechanical</b>	<b>11/23/2020</b>
<b>Plumbing</b>	<b>03/03/2025</b>

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## LICENSEE DETAILS

11:08:06 AM 12/1/2025

### Licensee Information

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1901</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/24/2015</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Continuing Education Exemption</b>	<b>08/24/2025</b>
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## LICENSEE DETAILS

11:08:29 AM 12/1/2025

### Licensee Information

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6543</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/18/2014</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>06/18/2014</b>
<b>Residential</b>	<b>04/11/2019</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:08:17 AM 12/1/2025

### Licensee Information

Name:	<b>MCELROY, MARSHALL S (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3511</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/18/2014</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>06/18/2014</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

### Alternate Names

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## LICENSEE DETAILS

11:05:00 AM 12/1/2025

### Licensee Information

Name:	<b>HULST, DAVID L (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8501</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/06/2022</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>06/06/2022</b>
<b>Residential</b>	<b>10/25/2023</b>
<b>Mechanical</b>	<b>10/25/2023</b>
<b>Plumbing</b>	<b>12/12/2023</b>

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## LICENSEE DETAILS

11:05:30 AM 12/1/2025

### Licensee Information

Name:	<b>HULST, DAVID L (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4897</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>01/09/2023</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>01/09/2023</b>
<b>Mechanical</b>	<b>12/14/2023</b>
<b>Plumbing</b>	<b>01/06/2024</b>

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## LICENSEE DETAILS

11:22:37 AM 12/1/2025

### Licensee Information

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1504</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/18/2006</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Modular 1&amp;2</b>	<b>12/12/2005</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

### Alternate Names

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## LICENSEE DETAILS

11:22:23 AM 12/1/2025

### Licensee Information

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN4537</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/17/2003</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>04/17/2003</b>
<b>Commercial Electric</b>	<b>06/05/2003</b>
<b>Residential Mechanical</b>	<b>05/05/2003</b>
<b>Plumbing</b>	<b>06/18/2003</b>
<b>Residential Electric</b>	<b>05/13/2003</b>
<b>Continuing Education Exemption</b>	<b>04/17/2003</b>
	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:22:56 AM 12/1/2025

### Licensee Information

Name:	<b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX2707</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/20/2006</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>06/20/2006</b>
<b>Electrical</b>	<b>11/14/2007</b>
<b>Mechanical</b>	<b>10/10/2006</b>
<b>Plumbing</b>	<b>01/08/2007</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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11:09:13 AM 12/1/2025

### Licensee Information

Name:	<b>SAPP, STEVEN GERALD (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN3217</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/06/1998</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building Residential Continuing Education Exemption</b>	<b>06/27/2024</b>
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## LICENSEE DETAILS

11:08:51 AM 12/1/2025

### Licensee Information

Name:	<b>GREEN, SETH LEVI (Primary Name)</b>
Main Address:	<b>6207 NW COUNTY ROAD 235 ALACHUA Florida 32615</b>
County:	<b>ALACHUA</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7696</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>04/22/2019</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

Special Qualifications	Qualification Effective
<b>Building</b>	<b>04/22/2019</b>
<b>Residential</b>	<b>08/23/2019</b>

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## LICENSEE DETAILS

11:11:35 AM 12/1/2025

### Licensee Information

Name:	<b>HAYES, CHARLES V. (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5656</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>01/24/2007</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>11/24/2008</b>
<b>Plumbing</b>	<b>01/24/2007</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

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### Licensee Information

Name:	MITCHELL, JED D (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

### License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN6357
Status:	Current,Active
Licensure Date:	06/23/2011
Expires:	11/30/2027

### Special Qualifications

### Qualification Effective

Electrical Inspector	06/23/2011
Continuing Education Exemption	06/27/2024

### Alternate Names

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## LICENSEE DETAILS

11:24:32 AM 12/1/2025

### Licensee Information

Name:	<b>DASHER, WILLIAM P JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN4118</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/18/2001</b>
Expires:	<b>11/30/2027</b>

Special Qualifications	Qualification Effective
------------------------	-------------------------

<b>Commercial Electric</b>	<b>11/21/2006</b>
<b>Residential Electric Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:24:20 AM 12/1/2025

### Licensee Information

Name:	<b>DASHER, WILLIAM P JR (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Mailing:	<b>14988 SW 46TH CIRCLE OCALA FL 34473</b>
County:	<b>MARION</b>
License Location:	<b>14988 SW 46TH CIRCLE OCALA FL 34473</b>
County:	<b>MARION</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX1973</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/02/2001</b>
Expires:	<b>11/30/2027</b>

Special Qualifications	Qualification Effective
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<b>Electrical Continuing Education Exemption</b>	<b>06/27/2024</b>
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## LICENSEE DETAILS

11:09:59 AM 12/1/2025

### Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

### License Information

License Type:	Building Code Administrator
Rank:	Building Code A
License Number:	BU2122
Status:	Current,Active
Licensure Date:	12/07/2020
Expires:	11/30/2027

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

11:10:09 AM 12/1/2025

### Licensee Information

Name:	<b>WINBURN, MARCUS A (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Residential Plans Examiner</b>
Rank:	<b>Residential</b>
License Number:	<b>RPX320</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/23/2019</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

11:09:49 AM 12/1/2025

### Licensee Information

Name:	<b>WINBURN, MARCUS A (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7433</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/21/2018</b>
Expires:	<b>11/30/2027</b>

Special Qualifications	Qualification Effective
------------------------	-------------------------

<b>Building</b>	<b>06/21/2018</b>
<b>Coastal Construction</b>	<b>08/16/2019</b>
<b>Electrical Inspector</b>	<b>01/16/2022</b>
<b>Residential</b>	<b>10/15/2018</b>
<b>Mechanical</b>	<b>02/27/2020</b>
<b>Plumbing</b>	<b>03/10/2022</b>

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11:09:38 AM 12/1/2025

### Licensee Information

Name:	<b>WINBURN, MARCUS A (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4177</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/29/2018</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>10/29/2018</b>
<b>Electrical</b>	<b>01/22/2022</b>
<b>Mechanical</b>	<b>03/02/2020</b>
<b>Plumbing</b>	<b>03/11/2022</b>

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## LICENSEE DETAILS

11:11:02 AM 12/1/2025

### Licensee Information

Name:	<b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Residential Plans Examiner</b>
Rank:	<b>Residential</b>
License Number:	<b>RPX511</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>09/03/2025</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

11:10:46 AM 12/1/2025

### Licensee Information

Name:	<b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8956</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/20/2023</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

Special Qualifications	Qualification Effective
<b>Building</b>	<b>04/03/2024</b>
<b>Residential</b>	<b>11/20/2023</b>

### Alternate Names

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## LICENSEE DETAILS

11:10:46 AM 12/1/2025

### Licensee Information

Name:	<b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8956</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/20/2023</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>04/03/2024</b>
<b>Residential</b>	<b>11/20/2023</b>

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## LICENSEE DETAILS

11:06:04 AM 12/1/2025

### Licensee Information

Name:	<b>AGEE, DERWOOD RICKY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Residential Plans Examiner</b>
Rank:	<b>Residential</b>
License Number:	<b>RPX358</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/20/2021</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

11:06:17 AM 12/1/2025

### Licensee Information

Name:	<b>AGEE, DERWOOD RICKY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>
License Mailing:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5357</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/17/2006</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>05/17/2006</b>
<b>Residential</b>	<b>01/23/2021</b>
<b>Continuing Education Exemption</b>	<b>06/27/2024</b>

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## LICENSEE DETAILS

11:06:39 AM 12/1/2025

### Licensee Information

Name:	<b>AGEE, DERWOOD RICKY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4675</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/18/2021</b>
Expires:	<b>11/30/2027</b>

Special Qualifications	Qualification Effective
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<b>Building</b>	<b>10/18/2021</b>
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## LICENSEE DETAILS

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### Licensee Information

Name:	<b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Residential Plans Examiner</b>
Rank:	<b>Residential</b>
License Number:	<b>RPX511</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>09/03/2025</b>
Expires:	<b>11/30/2027</b>

### Special Qualifications

### Qualification Effective

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