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: MARK STUART & GAYATHRI M DUCHARME 385 NW Horizon St Lake City, FL 32055

Parcel Tax ID: 28-3S-16-02374-009 (9232)

Services to be provided: Plans Review _____ Inspections x

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 MARK STUART & GAYATHRI M DUCHARME , the fee owner, affirm I or my contractor have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: My Amelia, Inc DBA Inspected.com

Private Provider: Spencer Moore

Address: 1250 S. Pine Island Rd Suite 500 Plantation, FL 33324

Telephone: 954-820-4874 Fax: _____

Email Address (Optional): Permits@inspected.com

Florida License, Registration or Certificate #: PE 99007

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: MARK STUART & GAYATHRI M DUCHARME

Address: 385 NW Horizon St Lake City, FL 32055

Telephone No.: (352) 316-2873

Corporation

Print Corporation Name

By: _____ (signature)

Print Name: _____

Its: _____

Address: _____

Telephone No.: _____

Partnership

Print Partnership Name

By: _____ (signature)

Print Name: _____

Its: _____

Address: _____

Telephone No.: _____

Please use appropriate notary block.

STATE OF Florida
COUNTY OF Columbia

Individual
Before me, this 20 day of May, 2025, personally appeared Mark Ducharme who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

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 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 expressed.

Personally known ____; or Produced identification X Type of identification produced FLDL D265-557-58-302-0

Signature of Notary _____ Print Name Jeffrey Galdikas

Notary Public: NOTARY STAMP BELOW

My commission expires:

JEFFREY GALDIKAS
Notary Public
State of Florida
Comm# HH355877
Expires 1/30/2027