

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: Lot 6 - Jewel Lake - Phase II

Parcel Tax ID: 33.3S.16.02439.206

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 Keith Eaker for WJHFL, LLC, 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: _____
Address: _____
Telephone
No.: _____

Corporation

WJHFL, LLC
Print Corporation Name
By: [Signature]
(signature)
Print
Name: Keith Eaker
Its: _____
Address: 3091 Governors Lake Dr
Ste. 300, Norcross, GA
Telephone
No. 407.951.2644

Partnership

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

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this 11 day of November, 2021, personally appeared Keith Eaker of WJHFL, LLC, 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.

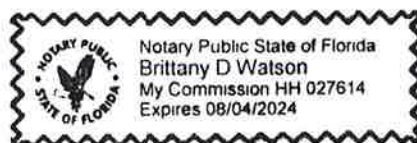
Personally known [Signature]; or Produced identification _____ Type of identification produced _____

Signature of Notary [Signature]

Print Name Brittany Watson

Notary Public: NOTARY STAMP BELOW

My commission expires:



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 Pernell

Plan Sheets: Jewel Lake - Lot 6
phase II - plan sheets as
stamped

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

Px 2707

Bu 1504

BN 4537

Signature of Reviewer: _____

[Signature]

SWORN AND SUBSCRIBED before me by Lawrence Pernell

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.

[Signature]

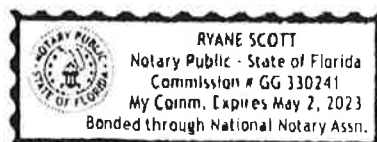
Signature of Notary

Ryane Scott

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: May 2, 2023





UNIVENG-01

KSANCHEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2021

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).

PRODUCER Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME:		
	PHONE (A/C, No, Ext): (703) 827-2277	FAX (A/C, No): (703) 827-2279	
	E-MAIL ADDRESS: admin@amesgough.com		
INSURED Universal Engineering Sciences, LLC 3532 Maggie Boulevard Orlando, FL 32811-6697	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Evanston Insurance Company		35378
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab.			MKLV7PL0004492	1/1/2021	1/1/2022	Per Claim/Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Marshall McElroy, CBO #BU1901

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
135 NE Hernando Ave.
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

Universal Engineering Sciences

4475 SW 35th Ave
Gainesville, FL 32608
(352) 372-3392



Statement of Qualifications

Inspector License Info

Keith Butts, PE Branch Manager	License Number	Status/Expires
Professional Engineer	53986 Professional Engineer	Current, Active 02/28/2023

Marshall McElroy BID Manager, GNV	License Number	Status/Expires
Standard Inspector	BN6543 Inspector-Building & Residential	Current, Active 11/30/2023
Building Code Administrator	BU-1901 Building Code A	Current, Active 11/30/2023
Standard Plans Examiner	PX3511 Plans Examiner- Building	Current, Active 11/30/2023

Stephen Thomas, PE	License Number	Status/Expires
Professional Engineer	87913 Professional Engineer	Current, Active 2/28/2023

Luther (Gene) Stockman	License Number	Status/Expires
Standard Inspector	BN1225 - (MEPB) Residential Elec. Inspector	Current, Active 11/30/2021

Jed Mitchell	License Number	Status/Expires
Standard Inspector	BN6357 Inspector-Electrical	Current, Active 11/30/2021
Standard Plans Examiner	PX4003 Plans Examiner-Electrical	Current, Active 11/30/2021

Universal Engineering Sciences

4475 SW 35th Ave
Gainesville, FL 32608
(352) 372-3392



Inspector License Info

Thomas McCarthy	License Number	Status/Expires
Standard Inspector	BN1561 Inspector Building & Residential	Current, Active 11/30/2023

Lawrence Pernell	License Number	Status/Expires
Standard Inspector	BN4537 Inspector Building, Commerical Elec., Residential, Mechanical, Plumbing, Residential Elec.	Current, Active 11/30/2023
Building Code Administrator	BU-1504 Building Code A Special Qualifications - Modular 1 & 2	Current, Active 11/30/2023
Standard Plans Examiner	PX2707 Plans Examiner- Building, Electrical, Mechanical, Plumbing	Current, Active 11/30/2023

Jeffrey Morrison	License Number	Status/Expires
Standard Inspector	BN6542 Inspector Electrical Inspector, Residential, Mechanical, Plumbing	Current, Active 11/30/2023

	License Number	Status/Expires

	License Number	Status/Expires



Ron DeSantis, Governor



STATE OF FLORIDA

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, 2023

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Licensee Details

Licensee Information

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6543**
Status: **Current,Active**
Licensure Date: **06/18/2014**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	06/18/2014
Residential	04/11/2019

Alternate Names

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Licensee Details

Licensee Information

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Building Code Administrator**
Rank: **Building Code A**
License Number: **BU1901**
Status: **Current,Active**
Licensure Date: **08/24/2015**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**

Alternate Names

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However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Licensee Details**Licensee Information**

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3511**
Status: **Current,Active**
Licensure Date: **06/18/2014**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Building **06/18/2014**

Alternate Names

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Licensee Details

Licensee Information

Name: **THOMAS, STEPHEN CARLYLE (Primary Name)**
Main Address: **174 SE HUBBLE ST
LAKE CITY Florida 32025**
County: **COLUMBIA**

License Mailing:

LicenseLocation:

License Information

License Type: **Professional Engineer**
Rank: **Prof Engineer**
License Number: **87913**
Status: **Current,Active**
Licensure Date: **08/22/2019**
Expires: **02/28/2023**

Special Qualifications **Qualification Effective**
Civil **08/22/2019**

Alternate Names

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However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Licensee Details**Licensee Information**

Name: **STOCKMAN, LUTHER EUGENE JR (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Information

License Type: **Standard Inspector**
 Rank: **Inspector**
 License Number: **BN1225**
 Status: **Current,Active**
 Licensure Date: **05/05/1994**
 Expires: **11/30/2021**

Special Qualifications **Qualification Effective**
Building
Mechanical
Plumbing
Residential Electric

Alternate Names

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Licensee Details

Licensee Information

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

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
 Rank: **Inspector**
 License Number: **BN6357**
 Status: **Current,Active**
 Licensure Date: **06/23/2011**
 Expires: **11/30/2021**

Special Qualifications **Qualification Effective**
Electrical Inspector **06/23/2011**

Alternate Names

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Licensee Details

Licensee Information

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

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4003**
Status: **Current,Active**
Licensure Date: **12/05/2017**
Expires: **11/30/2021**

Special Qualifications **Qualification Effective**
Electrical **12/05/2017**

Alternate Names

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However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Licensee Details

Licensee Information

Name: **MCCARTHY, THOMAS R JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN5161**
Status: **Current,Active**
Licensure Date: **11/15/2005**
Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Building **11/15/2005**
Residential **07/13/2007**

Alternate Names

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Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN4537**
Status: **Current,Active**
Licensure Date: **04/17/2003**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	04/17/2003
Commercial Electric	06/05/2003
Residential	05/05/2003
Mechanical	06/18/2003
Plumbing	05/13/2003
Residential Electric	04/17/2003

Alternate Names

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Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**

Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

LicenseLocation:

License Information

License Type: **Building Code Administrator**

Rank: **Building Code A**

License Number: **BU1504**

Status: **Current,Active**

Licensure Date: **08/18/2006**

Expires: **11/30/2023**

Special Qualifications **Qualification Effective**
Modular 1&2 **12/12/2005**

Alternate Names

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Licensee Details

Licensee Information

Name: **PERNELL, LAWRENCE EDWARD JR (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX2707**
Status: **Current,Active**
Licensure Date: **06/20/2006**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Building	06/20/2006
Electrical	11/14/2007
Mechanical	10/10/2006
Plumbing	01/08/2007

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Licensee Details

Licensee Information

Name: **MORRISON, JEFFREY B (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6542**
Status: **Current,Active**
Licensure Date: **06/11/2014**
Expires: **11/30/2023**

Special Qualifications	Qualification Effective
Electrical Inspector	06/11/2014
Residential	04/10/2020
Mechanical	10/25/2016
Plumbing	06/15/2019

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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