

# Private Provider Plan Compliance Affidavit


Form # 9B-3.053-2002-02  
Effective January 20, 2003

[Inspections@ctsolutionsfl.com](mailto:Inspections@ctsolutionsfl.com)



Private Provider Firm: CT Solutions of Florida, LLC	
Private Provider: Timothy Hunt	
Address: 10602 NW 149 <sup>th</sup> Place	Phone: 386-361-0208
City: Alachua State: FL Zip: 32615	email: <a href="mailto:Thunt@ctsolutionsfl.com">Thunt@ctsolutionsfl.com</a>
Parcel/Address Reviewed: 625 Rosewood circle	

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: Timothy Hunt	Plan Sheets: All
Florida License/Registration/Certification(s) and description:	
Discipline(s): <input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing	
BU2174	BN7162 PX3903 PEP690
Signature of Reviewer: 	Date: 2/4/25

STATE OF FLORIDA  
COUNTY OF ALACHUA

SWORN AND SUBSCRIBED before me on 4 day of Feb, 2025 by Timothy Hunt [☒] Personally known [ ☐ ] Type of Identification NA 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 of Notary Public:



Print Name: Suzanne Turner

[Seal]

