## Form # 9B-3.053-2002-01 Notice to Building Official of Use of Private Provider Effective January 20, 2003

Project Name:	Lot 2 - Jewel Lake - Phase II
Parcel Tax ID:	33.38.16.02439.202
	provided: Plans Review Inspections
Official	the notice applies to either private plan review or private inspection services the Building may require, at his or her discretion, the private provider be used for both services pursuant to 553.791(2) Florida Statute.
Keith Eak	ter for Wade Jurney Homes, the :
owner, affirm I indicated above	there for Wade Jurney Homes , the have entered into a contract with the Private Provider indicated below to conduct the services e.
Private Provide	er Firm: Universal Engineering Sciences, LLC
Private Provide	Marchall McElroy
Address: —	4475 SW 35th Terrace, Gainesville, FL 32608
Telephone:	352.372.3392 Fax:
Email Address	(Optional): mmcelroy@universalengineering.com
Florida License	e, 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	Worde Juryly Homes	Partnership
	Print Corporation Name	Print Partnership Name
(signature)	By: Alexander (signature)	By:(signature)
Print	Print 1 1	Print
Name:	Name: LETTH FOLER	Name:
Address:	Its:	Its:
	Address Ma Loverhors lake Di	VeAddress:
Telephone	St. 200 NOUVERA	
No.:		Telephone
	Telephone No. 407.951.26.44	No.:
Please use appropriate notary block.	10. 704 191 26 74	140
Trease use appropriate notary block.		
STATE OF		
COUNTY OF		
Individual	Corporation	Partnership Partnership
	Before me this day of	
Before me, this day of, 20, personally	Curtant 202.	Before me, this day of, 20,
appeared	personally appeared	personally appeared
who executed the foregoing instrument,		1 1 10 0
and acknowledged before me that same	Wade Jurney Homes a	partner/agent on behalf of
was executed for the purposes therein	corporation, on behalf of the state corporation, who	a partnership, who executed the
expressed.	executed the foregoing instrument and	foregoing instrument and
	acknowledged before me that same was	acknowledged before me that same
	executed for the purposes therein	was executed for the purposes therein
	expressed.	expressed.
		·
Personally known ; or Produced identificat	tion Type of identification produced	
		. 1
Signature of Notary Swats	Print Name Britto	ing Watson
Notary Public: NOTARY STAMP BELOW		
, and the second		
	······································	
My commission expires:	c State of Florida	
Brittany D	watson sion HH 027614	

## 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, FI 32608				
Phone: 352.372.3392  Fax:				
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:  ALL Weeks Statuped  Name: Lawrence Pernell  Plan Sheets: Pox vecidence on parcel id				
Name: Lawrence Pernell  Plan Sheets: for veciaence on parcel id  Florida License/Registration/Certification #(s) and description: 73.75.16.02439.202				
PX 2707  Bu 1504  BN 4537  Signature of Reviewer:				
being personally known to me 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.				
Notary Public: NOTARY STAMP BELOW				
My commission expires: May 2, 2028				

