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

Project Name:	Lot 42 - Jewel Lake - Phase
Parcel Tax ID:	II 33.3\$.16.02439.242
	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.
	er for Wade Jurney Homes, the fee
owner, affirm I indicated above	have entered into a contract with the Private Provider indicated below to conduct the services
Private Provide	r Firm: Universal Engineering Sciences, LLC
Private Provide	Maraball MaCleau
Address: —	4475 SW 35th Terrace, Gainesville, FL 32608
Telephone:	352.372.3392 Fax:
Email Address	(Optional): mmcelroy@universalengineering.com
Florida Licenso	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	Wide Minney Homes	rarmersnip
	Print Corporation Name	Print Partnership Name
	By: WZe	By:
(signature)	(signature)	(signature)
Print	Print 1 1 1	Print
Name:	Name: Cent take	Name:
Address:	Its:	Its:
	Address: 109 GOVERNOUCLAFELOT.	Address:
Telephone	Se 200 MOVENCE, GA	
No.:		
	Telephone	Telephone
	No. 407.951.2644	No.:
Please use appropriate notary block.	•	
STATE OF		
COUNTY OF		
Individual	Corporation	Partnership
Before me, this day of	Before me, this day of,	Before me, this day
Before me, this day of, 20, personally	September , 2021.	Before me, this day of, 20,
appeared	personally appeared of	personally appeared
who executed the foregoing instrument,		
and acknowledged before me that same	Wade Juney Homes .a	partner/agent on behalf of
was executed for the purposes therein	corporation, on	
expressed.	behalf of the state corporation, who	a partnership, who executed the
	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 Produced identification	n Type of identification produced	
Tersonally known		
6.0 -	O u	11/-/-
Signature of Notary	Print Name BnH	and Watson
		20
Notary Public: NOTARY STAMP BELOW		
My commission systems	~~~~**********************************	
My commission expires:	State of Florida	
Prittany D V	Valson	
My Commiss	on HH 027814	

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:
PX 2707 Bu 1504 BN 4537
Px 2.707 Bu 150 4 BN 45 37 Signature of Reviewer:
SWORN AND SUBSCRIBED before me by
Notary Public: NOTARY STAMP BELOW
My commission expires: May 2,2028

