

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: Vazquez - New Construction SFH

Parcel Tax ID: 10-65-16-03814-118

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, Susi Vazquez, 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: Marshall McElroy, CBO

Address: 4475 SW 35th Terr, Gainesville, FL 32608

Telephone: 352-372-3392

Email Address: mmcelroy@universalengineering.com

Florida License, Registration or Certificate #: BV-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: Susi Vazquez
Address: 5150 51st Rd
St Augustine, FL 32092
Telephone
No.: 904-377-0533

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 Alachua

Individual

Before me, this 28 day of
Sept, 2023 personally
appeared Susi Vazquez
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
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 X; or Produced identification _____ Type of identification produced _____

Signature of Notary Danay Harvey Print Name Danay Harvey

Notary Public: NOTARY STAMP BELOW

My commission expires:

Feb 17, 2026



Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: Universal Engineering Sciences

Private Provider: Marshall McElroy, CBO

Address: 4475 SW 35th Terrace, Gainesville, FL 32608

Phone: 352.372.3392

Fax: _____

Email: uesgainesville@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: Robert " Alan" Dunlap

Plan Sheets: Vasquez Residence -
Plans 1 - 6 by Yanskey

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

PX1581

Signature of Reviewer: Robert Alan Dunlap

SWORN AND SUBSCRIBED before me by R. Alan Dunlap
being personally known to me h 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.

B. Watson

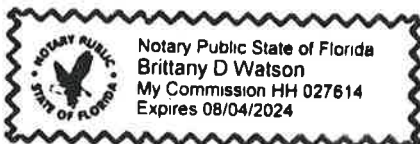
Signature of Notary

Brittany Watson

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2023

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 Greyling Ins. Brokerage/EPIC 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	CONTACT NAME: Carly Samuel PHONE (A/C. No. Ext): 7706705324 E-MAIL ADDRESS: uescerts@greyling.com	FAX (A/C. No): 770.670.5324
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Arch Insurance Company		11150
INSURER B : Endurance American Specialty Ins Co		41718
INSURER C : Evanston Insurance Company		35378
INSURER D : Landmark American Insurance Company		33138
INSURER E : StarStone Specialty Insurance Company		44776
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 1920506322**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ZAGLB9255700	5/1/2023	5/1/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Employee Benefits \$1,000,000
A B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ZACAT9289700 EXT30030240900	5/1/2023 1/1/2023	5/1/2024 5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto \$2,000,000
C D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	MKLV2EUE101545 LHA100521	1/1/2023 1/1/2023	5/1/2024 5/1/2024	EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	Y	ZAWCI9995400	5/1/2023	5/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E C	Excess GL Professional Liab incl. Pollution Liab			77102C232ALI MKLV7PL0005710	1/1/2023 2/1/2023	5/1/2024 5/1/2024	Per Occ./Aggregate 4,000,000 Per Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project - Private Provider Services.

CERTIFICATE HOLDER**CANCELLATION**

Columbia County Building Department
135 NE Hernando Avenue
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

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Universal Engineering Sciences

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



Schedule Inspections

Please contact UES' dispatch via email or by phone to schedule, reschedule or cancel inspections. EMAIL: uesgainesville@teamues.com PHONE: (352) 372-3392

Inspector License Info

Keith Butts, PE Branch Manager, GNV	License Number	Status/Expires
Professional Engineer	53986 Professional Engineer	Current, Active 2/28/2025

Marshall McElroy BID Manager, GNV	License Number	Status/Expires
Standard Inspector	BN6543 Building and Residential	Current, Active 11/30/2023
Building Code Administrator	BU1901 Private Provider Qualifier	Current, Active 11/30/2023
Standard Plans Examiner	PX3511 Plans Examiner- Building	Current, Active 11/30/2023

Seth Green	License Number	Status/Expires
Standard Inspector	BN7696 Building & Residential	Current, Active 11/30/2023

Thomas McCarthy	License Number	Status/Expires
Standard Inspector	BN5161 Building and Residential	Current, Active 11/30/2023

Charlie Hayes	License Number	Status/Expires
Standard Inspector	BN5656 Building and Commercial Plumbing	Current, Active 11/30/2023

Jed Mitchell	License Number	Status/Expires
Standard Inspector	BN6357 Commercial Electrical	Current, Active 11/30/2023

Universal Engineering Sciences

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



Luther (Gene) Stockman	License Number	Status/Expires
Standard Inspector	BN1225 MEPB Residential & Commercial MP	Current, Active 11/30/2023

Robert Alan Dunlap	License Number	Status/Expires
Standard Inspector & Plans Examiner	BN3842 & RPX87	Current, Active 11/30/2023

Lawrence Pernell	License Number	Status/Expires
Standard Inspector	BN4537 MEP Building and Residential, Commercial Electrical	Current, Active 11/30/2023
Building Code Administrator	BU1504 Building Code A Special Qualifications - Modular 1&2	Current, Active 11/30/2023
Standard Plans Examiner	PX2707 Plans Examiner MEP Building	Current, Active 11/30/2023

Marc Winburn	License Number	Status/Expires
Standard Inspector	BN7433 MEP Building and Residential, Commercial Electrical	Current, Active 11/30/2023
Building Code Administrator	BU2122 Building Code Administrator	Current, Active 11/30/2023
Standard Plans Examiner	PX4177 Plans Examiner MEP Building RPX320 - Residential Plans	Current, Active 11/30/2023

Steve Sapp	License Number	Status/Expires
Standard Inspector	BN3217 Building & Residential	Current, Active 11/30/2023



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



FBPE
FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

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, 2025

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

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. 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: **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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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**

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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**

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LICENSEE DETAILS

9:13:44 AM 3/9/2022

Licensee Information

Name:	HAYES, CHARLES V. (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*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN5656
Status:	Current,Active
Licensure Date:	01/24/2007
Expires:	11/30/2023

Special Qualifications

Special Qualifications	Qualification Effective
Building	11/24/2008
Plumbing	01/24/2007

Alternate Names

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LICENSEE DETAILS

1:35:10 PM 2/3/2022

Licensee Information

Name:	STOCKMAN, LUTHER EUGENE JR (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*
License Location:	*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:	11/30/2023

Special Qualifications

Qualification Effective

Building	
Mechanical	11/21/2006
Plumbing	
Residential Electric	

Alternate Names

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LICENSEE DETAILS

1:35:56 PM 2/3/2022

Licensee Information

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

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX4003
Status:	Current,Active
Licensure Date:	12/05/2017
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Electrical	12/05/2017
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Alternate Names

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LICENSEE DETAILS

1:35:42 PM 2/3/2022

Licensee Information

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

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN6357
Status:	Current,Active
Licensure Date:	06/23/2011
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Electrical Inspector	06/23/2011
----------------------	------------

Alternate Names

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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

License Location:

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**

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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:

License Location:

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

11:50:46 AM 9/19/2022

Licensee Information

Name:	DUNLAP, ROBERT ALAN (Primary Name)
Main Address:	41 JESSICA LYNN PLACE ST. AUGUSTINE Florida 32080
County:	ST. JOHNS
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN3842
Status:	Current,Active
Licensure Date:	05/04/2000
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building
Coastal
Construction
Residential

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LICENSEE DETAILS

11:50:28 AM 9/19/2022

Licensee Information

Name:	DUNLAP, ROBERT ALAN (Primary Name)
Main Address:	41 JESSICA LYNN PLACE ST. AUGUSTINE Florida 32080
County:	ST. JOHNS
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Residential Plans Examiner
Rank:	Residential
License Number:	RPX87
Status:	Current,Active
Licensure Date:	08/08/2001
Expires:	11/30/2023

Special Qualifications

Qualification Effective

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Alternate Names

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LICENSEE DETAILS

3:25:34 PM 8/15/2022

Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN7433
Status:	Current,Active
Licensure Date:	06/21/2018
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building	06/21/2018
Coastal Construction	08/16/2019
Electrical Inspector	01/16/2022
Residential	10/15/2018
Mechanical	02/27/2020
Plumbing	03/10/2022

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LICENSEE DETAILS

3:25:02 PM 8/15/2022

Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Building Code Administrator
Rank:	Building Code A
License Number:	BU2122
Status:	Current,Active
Licensure Date:	12/07/2020
Expires:	11/30/2023

Special Qualifications

Qualification Effective

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Alternate Names

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LICENSEE DETAILS

3:25:19 PM 8/15/2022

Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX4177
Status:	Current,Active
Licensure Date:	10/29/2018
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building	10/29/2018
Electrical	01/22/2022
Mechanical	03/02/2020
Plumbing	03/11/2022

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LICENSEE DETAILS

3:24:30 PM 8/15/2022

Licensee Information

Name:	WINBURN, MARCUS A (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Residential Plans Examiner
Rank:	Residential
License Number:	RPX320
Status:	Current,Active
Licensure Date:	10/23/2019
Expires:	11/30/2023

Special Qualifications

Qualification Effective

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Alternate Names

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LICENSEE DETAILS

3:42:43 PM 5/15/2023

Licensee Information

Name:	GREEN, SETH LEVI (Primary Name)
Main Address:	6207 NW COUNTY ROAD 235 ALACHUA Florida 32615
County:	ALACHUA

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN7696
Status:	Current,Active
Licensure Date:	04/22/2019
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building	04/22/2019
Residential	08/23/2019

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LICENSEE DETAILS

9:32:54 AM 6/28/2023

Licensee Information

Name:	SAPP, STEVEN GERALD (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN3217
Status:	Current,Active
Licensure Date:	05/06/1998
Expires:	11/30/2023

Special Qualifications

Qualification Effective

Building
Residential

Alternate Names

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