

Forms

Completed Attachment 1 (see attached)

Proof of sunbiz.org registration (see attached)

Completed W9 (see attached)

Completed Addenda (see attached and the following)

I, Joseph Payne, am fully aware of all addenda for RFP# 21-0937

Joseph Payne 08/02/21

Proof of insurance (see attached insurance certificate)

Contractor required licenses (see attachments requested by RFP)



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Building Plan Review and Inspection Services (Not Engineering)

07/09/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM CHANGES THE DATE FOR RECEIPT OF PROPOSALS TO AUGUST 12, 2021 @ 3:00PM (EST)

ACKNOWLEDGEMENT

Firm Name: Joe Payne, Inc. dba JPI

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Joseph Payne*

Date: 08/02/21

Print Name: Joseph Payne

Title: President

Primary E-mail Address: joepayneinc@gmail.com

Secondary E-mail Address: taralongjpi@gmail.com



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Building Plan and Inspection Services (Not Engineering)

07/29/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

- Question:** Who are the two firms currently contracted to perform these services with Lake County?

Response: The Current Firms under contract for these services are Universal Engineering Sciences, Inc. and American Building Safety Associates, Inc.
- Question:** There is a discrepancy between the submittal deadline presented on the website (8/12) and the one in the solicitation (8/8). Could you please confirm which one of these is the correct deadline?

Response: Reference Addendum No. 1
- Question:** For the checklist items under 5. *Completed Pricing Sheet* in the Solicitation there is one which request “Provide supporting documentation for proposed pricing”. Could you please provide some clarification with regards to what kind of supporting documentation Lake County is looking for?

Response: This information to be provided at the discretion of the vendor to justify any of the proposed pricing.
- Question:** In reference to 21-0937_Attachment2-PricingFILLABLEFORM.xlsx, is the acronym “A/E” on the second page (items #2 & #7) supposed to be “Architectural/Engineering?” Please confirm.

Response: “A/E” is in reference to Architectural/Engineering
- Question:** In reference to 21-0937_Attachment2-PricingFILLABLEFORM.xlsx, page one of the pricing sheet indicates that items #8 and #9 are for fire services; however, page 2, item #9’s description is “One-time charge for critical/expedited calls,” not “Fire Inspector Services.” Please clarify.

Response: Remove and replace Attachment 2 – Pricing Sheet with Attachment 2 – REVISED Pricing Sheet
- Question:** On Attachment 4 – Team Composition Form, under the column “Role”, there are six (6) positions listed, however on Attachment 2 – Pricing Sheet there are nine (9) “Item

Description” listed. Can vendors add additional “Roles” to Attachment 4 to match the Items that are listed on Attachment 2?

Response: Additional roles may be added to your submittal

ACKNOWLEDGEMENT

Firm Name: Joe Payne, Inc. dba JPI

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Joseph Payne*

Date: 8/2/2021

Print Name: Joseph Payne

Title: President

Primary E-mail Address: joepayneinc@gmail.com

Secondary E-mail Address: taralongjpi@gmail.com

The undersigned hereby declares that: Joe Payne, Inc. dba JPI has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **Building Plan Review and Inspection Services (Not Engineering)** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County Credit Card-based payment system: YES

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for two (2) subsequent two (2) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon, the first day of the next calendar month after Board approval. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department's email. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [General Terms and Conditions for Lake County Florida](#) and accept the Lake County General Terms and Conditions dated 5/6/21 as written including the Proprietary/Confidential Information section. YES Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? NO

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any

corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. Joseph Payne

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. YES

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) not applicable not applicable and enter OSD Certification Number 000 and enter effective date 00 to date 00

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: Melbourne, FL
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: NO If “yes” is checked, provide supporting detail: No

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Joe Payne, Inc. dba JPI

Street Address: 5995 S A1a

City: Melbourne Beach State and ZIP Code: FL 32951

Mailing Address (if different): 16057 Tampa Palms Blvd., #242, Tampa FL 33647

Telephone: 813.731.1501 Fax: 813 315 6298

Federal Identification Number / TIN: 80 064 0420

DUNS Number: **039948949**

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor.

I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: *Joseph Payne*

Date: 8/2/2021

Print Name: Joseph Payne for JPI

Title: President

Primary E-mail Address: joepayneinc@gmail.com

Secondary E-mail Address: taralongjpi@gmail.com

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

[The remainder of this page is intentionally blank]



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

JOE PAYNE, INC.

Filing Information

Document Number P10000059808

FEI/EIN Number 80-0640420

Date Filed 07/21/2010

State FL

Status ACTIVE

Principal Address

5995 S HIGHWAY A1A
MELBOURNE BEACH, FL 32951

Changed: 06/28/2021

Mailing Address

9629 GRETNA GREEN DR
TAMPA, FL 33626

Registered Agent Name & Address

PAYNE, JOSEPH
9629 GRETNA GREEN DR
TAMPA, FL 33626

Officer/Director Detail

Name & Address

Title DPST

PAYNE, JOSEPH
9629 GRETNA GREEN DR
TAMPA, FL 33626

Annual Reports

Report Year	Filed Date
2019	02/14/2019
2020	01/28/2020
2021	01/11/2021

Document Images

01/11/2021 -- ANNUAL REPORT	View image in PDF format
01/28/2020 -- ANNUAL REPORT	View image in PDF format
02/14/2019 -- ANNUAL REPORT	View image in PDF format
01/21/2018 -- ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
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[04/12/2012 -- ANNUAL REPORT](#)

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[04/11/2011 -- ANNUAL REPORT](#)

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[07/21/2010 -- Domestic Profit](#)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Straight-Line Insurance, LLC 1301 Grasslands Blvd., Suite 100 Lakeland, FL 33803 www.straightlinellc.com		CONTACT NAME: Straight-Line Insurance, LLC PHONE (A/C, No, Ext): 863-904-4776 E-MAIL ADDRESS: info@straightlinellc.com	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
INSURED Joe Payne, Inc dba JPI 9629 Gretna Green Drive Tampa FL 33626	INSURER A: Certain Underwriters at Lloyd's London		10736
	INSURER B: AmGUARD Insurance Company		42390
	INSURER C: Insurance Company of the West (ICW)		27847
	INSURER D: Burlington Insurance Company		23620
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 61065529

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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	738BG02358-01	4/7/2021	4/7/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Included \$
B	<input 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 <input checked="" type="checkbox"/> Allowed Autos	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JOAU142336	6/18/2020	6/18/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$5,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE (Per accident) \$ EXCESS COVERAGE \$100,000
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HFF0012529-1	4/7/2021	4/7/2022	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	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 <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/>	WFL 5054011 01	3/6/2021	3/6/2022	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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
A	Professional Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PGIARK09478-01	6/19/2020	6/19/2021	Per Claim/Agg: \$2,000,000 / \$2,000,000 Deductible: \$5,000 Network Security: \$100,000

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

Auto Liability Coverage Form - Hired Auto, Non-Owned Endorsement

CERTIFICATE HOLDER**CANCELLATION**

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

John Nicholas Davis

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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Joe Payne, Inc. dba JPI

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
16057 Tampa Palms Blvd. West, #242

6 City, state, and ZIP code
Tampa, FL 33647

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
8	0		-	0	6	4	0	4	2	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ **5/14/2021**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest, 1098-C (student loan interest), 1098-T (tuition))
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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[Filing History](#)

Fictitious Name Search

Submit

Fictitious Name Detail

Fictitious Name

JPI

Filing Information

Registration Number G15000008007
Status ACTIVE
Filed Date 01/23/2015
Expiration Date 12/31/2025
Current Owners 1
County HILLSBOROUGH
Total Pages 3
Events Filed 2
FEI/EIN Number 80-0640420

Mailing Address

5995 S HIGHWAY ALA
MELBOURNE BEACH, FL 32951

Owner Information

JOE PAYNE, INC.
9629 GRETNA GREEN DRIVE
TAMPA, FL 33626
FEI/EIN Number: 80-0640420
Document Number: P10000059808

Document Images

[01/23/2015 -- REGISTRATION](#)

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[05/27/2021 -- CHANGE NAME/ADDRESS](#)

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[01/12/2020 -- Fictitious Name Renewal Filing](#)

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REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Building Plan and Inspection Services (Not Engineering)

08/03/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

1. **Question:** Would the County consider proposals from qualified vendors for plan review services only?

Response: The County is seeking proposals from qualified vendors that can provide both plan reviews and inspection services.

ACKNOWLEDGEMENT

Firm Name: JPI

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Joseph Payne*

Date: 8/9/2021

Print Name: Joseph Payne

Title: President

Primary E-mail Address: joepayneinc@gmail.com

Secondary E-mail Address: taralongjpi@gmail.com