PRIVATE PROVIDER

PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm _____

Private Provider / Duly Authorized Representative _____

Address _____

_____

Phone _____ Fax _____ Email _____

I hereby certify to the best of my knowledge and belief the plans 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 Section 553.791, Florida Statue and holds the appropriate license or certificate.

Name _____

Plans Sheets_____

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

_____ _____ _____

_____
Signature of Reviewer

SWORN AND SUBSCRIBED before me by _____ being personally known to me _____ or having produced as identification _____ and who is 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 Print Name

Notary Public: NOTARY STAMP

My Commission expires _____