

Building & Permitting

490 3RD ST NW

863-291-5695

M-F 8AM - 5PM

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider: _____

License# _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I (reviewer/affiant) hereby certify that, to the best of my knowledge and belief, I am duly authorized to perform plans review pursuant to Section 553.791 of the Florida Statutes and hold the appropriate license(s) and/or certificate(s); and the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code.

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC