



Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____ License number _____

Project Address: _____

Phone: _____ Fax: _____

Email: _____

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 pursuant to F.S. 471, 481 or 468.

Reviewer Name: _____ Plan Page Sheets: _____

Florida License/Registration/Certification number(s) and description: _____

Signature of Reviewer: _____

This Section To Be Completed By a Notary Public:

State of _____ County of _____

Sworn to and Subscribed before me this _____ day of _____, 20_____

Notary Public, Check One: Personally Known to Me _____ Produced Identification _____

Type of Identification Produced _____

Sign: _____

Print: _____