



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider Principal*: _____

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 Codes and all local amendments to the Florida Building Codes 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:

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

NOTARY

STATE OF FLORIDA

COUNTY OF _____

Before me, this ____ day of _____ 20____, personally appeared _____, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. He/she is ____ personally known or ____ procured Identification. Type of ID _____

Signature of Notary Public

Seal

*Building Code Administrator under part XII of Florida Statute Chapter 468, Engineer under Florida Statute Chapter 471, or Architect under Florida Statute Chapter 481.