

## PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Process #: \_\_\_\_\_ Address: \_\_\_\_\_

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Notice** - A private provider may only perform building code plan review services that are within the disciplines covered by that person's licensure or certification.

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 hold the appropriate license or certificate.

Check all Disciplines that apply:  Building  Structural  Electrical  Mechanical  Plumbing

Plan sheets: \_\_\_\_\_

Florida Architect's or Engineer's Certification #: \_\_\_\_\_

Signature of Private Provider: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by: \_\_\_\_\_

[ ] Personally known [ ] Procured Identification – Type of Identification \_\_\_\_\_

and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge or belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Seal