

**Private Provider
Plan Compliance Affidavit**

Private Provider Firm: _____
Private Provider: _____
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:

Name: _____
Project: _____
Plan Sheets: _____

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

Florida Licensed Plans Examiner Number: _____

Signature of Reviewer: _____

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

My commission expires: