

INDIAN RIVER COUNTY

BUILDING DIVISION

(Approval to use this form is at the discretion of the Building Official)

FLORIDA LICENSED DESIGN PROFESSIONAL CERTIFICATION AFFIDAVIT

RE: Permit # _____ Job Site Address _____

I _____, licensed as:

(Please print qualifier's name and check the box next to the License Type)

Engineer

Architect

License #; _____

On or about _____
(Date and Time)

Did personally inspect the following items:

All items were installed per the applicable Florida Building Code, permitted construction documents and applicable Miami Dade N.O.A. or Florida Product Approval.

Design Professional's Seal, Signature and Date below: