



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider Qualifier: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

In accordance with Florida Statute §553.791 Section (6) pertaining to Private Provider Services, 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 § 553.791, Florida Statute and holds the appropriate license or certificate.

The plans comply with the applicable codes:

Signature of Private Provider: _____

Reviewer Name: _____

Florida License Number: _____

Project Name/Address:

Plan Sheets: _____

STATE OF _____

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 produced Identification. Type of ID _____

Signature of Notary

Notary Stamp/Seal

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