



# Private Provider Plan Compliance Affidavit

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

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

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

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

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

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: \_\_\_\_\_ Plan Sheets: \_\_\_\_\_

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

Signature of Reviewer: \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_ being (check one)  personally known to me or  produced identification (type of 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 Stamp

My Commission Expires: \_\_\_\_\_