

Supplemental Materials

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider: _____ License#: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed 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:

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

NOTARY

STATE OF FLORIDA
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 _____ procured Identification. Type of ID _____

Signature of Notary Public

Seal