

REMOTE INSPECTION BY VIDEO PROGRAM REGISTRATION

QUALIFIER COMPLIANCE AFFIDAVIT

I, _____ as an owner of or qualifier for
Name

Company Name

Qualifier Name _____ License # _____

certify that I have reviewed the requirements for participation in the program and agree to comply. I have selected the individuals listed below for training as my authorized video reviewers and submitters.

I further certify that the video files my employees upload are true and accurate representations of the work completed by my company in accordance with submitted plans and specifications and meeting all requirements of the Florida Building Code for the requested inspection.

I acknowledge that participation in this program is at the discretion of the Building Official. Failure to maintain a valid license, code violations and excessive expired permits may be factors considered for continued participation.

Signature/Date

Authorized Submitters:

Name	Phone Number	Email

Requested Inspection Types:

<input type="checkbox"/> A/C Changeout - 303	<input type="checkbox"/> Windows/Doors- 165/166
<input type="checkbox"/> Water Heater Changeout - 209	<input type="checkbox"/> Shutters – 167/168
<input type="checkbox"/> Shutter - Final Electrical - 525	

Send completed form to Dianna Perryman at Dianna.Perryman@colliercountyfl.gov