



Private Provider  
Plan Compliance Affidavit

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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 Reviewed: \_\_\_\_\_

Florida License/Registration/Certification numbers & description


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

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_

Being personally known to me \_\_\_\_\_ or having produced \_\_\_\_\_

As 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 Public: NOTARY STAMP BELOW

Commission expires: