



Private Provider Plan Compliance Affidavit

Form # 9B-3.053-2002-01
Effective January 20, 2003
Revised Florida Statute 553.791



Permit No: _____ - _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

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: _____

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

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by

Reviewer's Name Printed

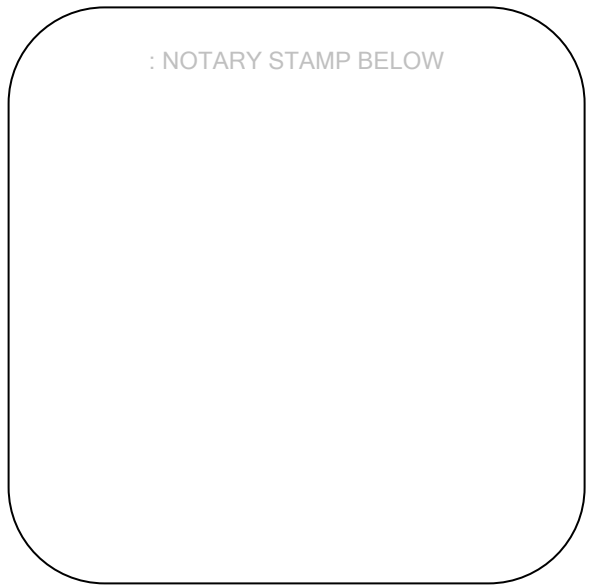
Being personally known to me _____ or
having produced as identification _____

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

My commission expires: ____/____/____



: NOTARY STAMP BELOW