



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider: _____

Project Address _____

Permit #: _____

Residential

Commercial

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: _____ License#: _____

List Sheet #'s, NOA's, Spec, Etc.:

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct.
*Electronic signatures are not required to be notarized but only valid when submitted electronically.

Signature of Reviewer: _____

Signature: _____

Print Name: _____

Date: _____

Notary Public:

State of _____, County of _____

Sworn to and subscribed before me this _____ day

Of _____, 20____, by _____.

(name of person making statement).

Personally Known _____ / Produced ID _____

Type of ID Produced: _____

Notary Seal:

(Signature of Notary Public – State of FL)

86800 Overseas Highway, Islamorada, FL 33036
TELEPHONE 305-664-6400 <http://www.islamorada.fl.us>