



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 \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current drivers license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Must Comply with Notarial Law
Notary Seal