

**City of Miami Building Department  
Quality Control Section**

444 SW 2<sup>nd</sup> Avenue, 4<sup>th</sup> Floor Miami, Florida 33130

[www.miami.gov/My-Government/Departments/Building/Private-Provider-Program](http://www.miami.gov/My-Government/Departments/Building/Private-Provider-Program)



**PRIVATE  
PROVIDER  
PROGRAM**

**PLAN COMPLIANCE AFFIDAVIT**

§553.791(6), F.S.

**Project name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Plan no:** \_\_\_\_\_ **Check all that apply:**  Master plan  Add'l. Plan / Shop Drawing

Stand-alone plan (Provide separate NTBO)  Revision to permit no: \_\_\_\_\_

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**Use one Affidavit for each Review Discipline only. Use Form B.log to list the approved drawing pages.**

**Private Provider's Firm:** \_\_\_\_\_

**I HEREBY CERTIFY** that, to the best of my knowledge and belief, the plans submitted for the above-referenced project comply with the Florida Building Code and all local amendments thereto. **I ALSO CERTIFY** that the plans were reviewed by myself personally or by my Duly Authorized Representative\* identified below, both of whom being authorized to perform plans review under Section 553.791, F.S. and holding the appropriate license or certificate.

■ **Private Provider:** \_\_\_\_\_ FL Lic. #: \_\_\_\_\_

**Discipline Reviewed:**  BLDG  STRUCT  ELECT  MECH  PLUMB Seal/Signature/Date

(Select profession)  Architect (Sign & Seal above) or  Professional Engineer (Sign & Seal above) or

Building Code Administrator (Sign, Date and Notarize immediately below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

Personally known to me  or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)

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■ **Duly Authorized Representative:** \*If utilized for the Plan Review, sign and notarize below.

Name of person reviewing the plans: \_\_\_\_\_ FL License #: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

Personally known to me  or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)