

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

444 SW 2nd Avenue, 4th Floor Miami, Florida 33130

www.miami.gov/My-Government/Departments/Building/Private-Provider-Program



**PRIVATE
PROVIDER
PROGRAM**

PLAN COMPLIANCE AFFIDAVIT

(Private Provider with separate Structural Peer Reviewer)

§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: _____

.....
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 were reviewed and approved in full accordance with the City of Miami Building Department requirements for Structural Peer Review by a separate Reviewing Engineer, named here:

Name: _____ **P.E. No:** _____ **Firm:** _____

I HAVE VERIFIED that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the City of Miami to perform a Structural Peer Review of this specific project.

┌
Seal/Signature/Date
└

I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the City of Miami Building Department requirements for Structural Peer Review.

I FURTHER CERTIFY that to the best of my knowledge and belief, I (or my Duly Authorized Representative*) have reviewed the plans submitted herewith for conformance with Rule 61G15-23.001 of the Florida Administrative Code, which sets forth the minimum standards for sealing engineering documents and the information to be included therein.

Private Provider's Name: _____ **FL Lic. No.:** _____

➡ Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this list exactly. *Attach as many pages of Form B.log as needed, signed and sealed.*

.....
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)