

# PRIVATE PROVIDER PROGRAM



## PLAN COMPLIANCE AFFIDAVIT

§553.791(6) Rev. 01-03-2022

Form B.1

### Project Information:

Plan number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Check all that apply:

- ☐ Master plan ☐ Phased permit  
☐ Stand-alone plan (Provide separate Notice to B.O.)  
☐ Rework ☐ Additional plan / Shop drawing  
☐ Revision to permit no: \_\_\_\_\_

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

Private Provider's Firm: \_\_\_\_\_ FL CA# or Registry# \_\_\_\_\_

**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's Name: \_\_\_\_\_ FL Lic. No.: \_\_\_\_\_

Discipline Reviewed: ☐ BLDG ☐ STRUCT ☐ ELECT ☐ MECH ☐ PLUMB

(Select profession)

☐ Architect or ☐ Professional Engineer (Sign & Seal at right)

☐ Building Code Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Notary required only for Building Code Admin. and Duly Authorized Rep.)

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

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

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

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

My commission expires: \_\_\_\_\_

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

Name & FL License No. of person reviewing the plans: \_\_\_\_\_

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: \_\_\_\_\_

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

My commission expires: \_\_\_\_\_