



Gadsden County
 Building Inspections Division
 1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353
 Phone: (850)875-8665 Fax: (850)875-7280

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT
 Florida Statutes §553.791(6)

Project Name: _____

Project Address: _____

Application / Permit #: _____

Folio #: _____

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Construction Documents | <input type="checkbox"/> Revisions |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> As-Builts |
| <input type="checkbox"/> Other: _____ | |

Private Provider Firm: _____

Private Provider Address: _____

Telephone: _____

Fax: _____

Email: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the documents submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Name of person reviewing the plans (if applicable): _____

Florida License/Registration/Certification numbers: _____

Discipline and Plan Sheets covered by this affidavit: _____

Signature of Reviewer: _____

Date: _____

X _____
 Signature of Qualifier

Private Provider: _____

STATE OF _____
 COUNTY OF _____

Florida License No.: _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by:

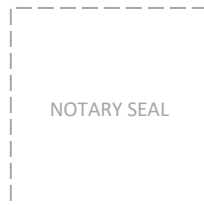
 (Type / Print Qualifier Name)

 (NOTARY'S SIGNATURE as to Qualifier)

Notary Name _____
 (Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____





Gadsden County
 Building Inspections Division
 1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353
 Phone: (850)875-8665 Fax: (850)875-7280

X _____
 Signature of Qualifier

STATE OF _____
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by:

 (Type / Print Qualifier Name)

 (NOTARY'S SIGNATURE as to Qualifier)

Notary Name _____
 (Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____



Private Provider: _____

Florida License No.: _____

