



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 Form Board
& Elevation Certificate Affidavit**

Permit Number:	Project Name:
Project Address:	
Property Folio No.:	
Owners Name:	

(If applicable) It is the responsibility of the PRIVATE PROVIDER to ensure that a Form Board Survey & Elevation Certificate are provided to this division in a timely manner.

Private Provider must notify Gadsden County, Building Inspections Division within 24 hours of approving a slab inspection.

No further construction activity is permitted until the Form Board Survey and Elevation Certificate are approved by the Building Official or his designee. Upon completion of the project a Final Elevation Certificate, and Final Survey must be submitted to the Building Inspection Division in order to receive a Final Certificate of Occupancy (CO).

I understand that I am subject to enforcement action by Gadsden County, if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that the private provider is responsible for maintaining compliance with this policy, the Florida Building Code, FEMA, & Elevation Requirements or Gadsden County Floodplain Regulations.

Private Provider Firm:
Private Provider Qualifier:
Private Provider Qualifier License No.:



Seal / Signature / Date

X _____
 Signature of Property Owner or Agent

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

X _____
 Signature of Agent for Private Provider

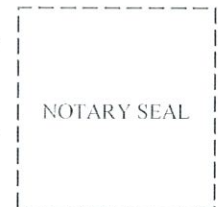
STATE OF _____
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by:



 (Type / Print Property Owner or Agent Name)

 (NOTARY'S SIGNATURE as to Owner or Agent Name)
 Notary Name _____
 (Print, Type or Stamp Notary's Name)
 Personally Known ____ or Produced Identification ____

Type of Identification Produced: _____



 (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 _____