



Florida Statute §553.791(4) requires that this form be posted at the job site  
 for all projects involving Private Providers for plan review or inspections.

<b>Permit Number:</b>	-	<b>Project Name:</b>
<b>Project Address:</b>		
<b>Property Folio No.:</b>		
<b>Owners Name:</b>		

<b>Private Provider or Duly Authorized Representative (DAR):</b>	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

<b>Private Provider or Duly Authorized Representative (DAR):</b>	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

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Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

**Note:** If additional space is needed additional copies of this form must be attached.