



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
 SPOT SURVEY AFFIDAVIT**

Project Name / Address: _____
 Permit/Process number: _____
 Project address: _____ Parcel tax ID: _____
 Private Provider Firm: _____
 Private Provider (Qualifier for the Firm): _____
 Florida License or Registration number: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____

NOTICE TO PRIVATE PROVIDER

The Private Provider shall bear the responsibility of submitting a Spot Survey + Elevation Certificate to the Sustainability Coordinator/Certified Floodplain Manager in a timely manner. In accordance with FBC_BCA 110.3(1)(a) and per the direction of the Building Official, no inspection activity is allowed after the slab inspection has been approved and the Spot Survey + Elevation Certificate has been approved by the Sustainability Coordinator/Certified Floodplain Manager.

The Private Provider must notify the AHJ within 48 hours of approving slab inspection in accordance with F.S. 553.791(10). Notification shall include the date and time of approval.

No vertical construction activity shall occur until the Survey and Elevation Certificate are approved. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey is required to be submitted to the Building Official in order to receive a TCO (Temporary Certificate of Occupancy), PCO (Partial Certificate of Occupancy) or CO (Certificate of Occupancy).

I understand that I am subject to enforcement action by the AHJ if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by **Gadsden County Building Division** pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy and all other Local Jurisdiction Floodplain Ordinances.

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 Agent Name)

 (NOTARY'S SIGNATURE as to Agent)

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

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

