



## PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT COVER PAGE

REVISED: 9/6/2024

### PROJECT INFORMATION

Permit Number: \_\_\_\_\_

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

### REQUIRED INSPECTIONS AND ASSOCIATED PERMITS

Mark all required inspections and associated permits for this permit.

Required Inspections:

- |  |   |                                   |  |  |
|--|---|-----------------------------------|--|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Deep Foundation    | <input type="checkbox"/> Dry-In   | <input type="checkbox"/> Drywall Fastening | <input type="checkbox"/> Elevated Flatwork/Flashing        |
| <input type="checkbox"/> Fill Cell     | <input type="checkbox"/> Final Curtain Wall | <input type="checkbox"/> Final    | <input type="checkbox"/> Footing           | <input type="checkbox"/> Framing                           |
| <input type="checkbox"/> Insulation    | <input type="checkbox"/> Open Floor Framing | <input type="checkbox"/> Lathing  | <input type="checkbox"/> Rated Wall        | <input type="checkbox"/> Roof/Wall Sheathing (Residential) |
| <input type="checkbox"/> Slab          | <input type="checkbox"/> Roof Sheathing     | <input type="checkbox"/> Tie-Beam | <input type="checkbox"/> Wall Sheathing    |  |

Required Associated Permits:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Mechanical Permit | <input type="checkbox"/> Plumbing Permit | <input type="checkbox"/> Roofing Permit |
|--|--|--|---|

### PRIVATE PROVIDER FIRM CONTACT INFORMATION

Company Name: \_\_\_\_\_

Qualifier: \_\_\_\_\_

License#: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Form # 9B-3.053-2002-02  
**Private Provider**  
**Plan Compliance Affidavit**  
Effective January 20, 2003

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: \_\_\_\_\_ Plan Sheets: \_\_\_\_\_

Florida License/Registration/Certification #(s) and description:

\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_  
being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_  
\_\_\_\_\_ and who being fully sworn and cautioned, state  
that the foregoing is true and correct to the best of his/her knowledge or belief.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: