



Private Provider Firm: _____

Private Provider Qualifier: _____ License Number: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

In accordance with Florida Statute 553.791 Section (6) pertaining to Private Provider Services, 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 Codes and all local amendments to the Florida Building Codes 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. The plans comply with the applicable codes:

Signature of Private Provider: _____

Reviewer Name: _____

Florida License Number: _____

Project Name/Address: _____

Drawing Name	Original Date	Revision #	Revision Date	Comment

NOTARY

STATE OF _____

COUNTY OF _____

Before me, this _____ day of _____, 20____, personally appeared _____,
Who executed the foregoing instrument and acknowledged that same was executed for the purposes
therein expressed. He/She is personally known or produced identification, type if ID _____

Signature of Notary Public Seal

*Building Code Administrator under part XII of Florida Statutes Chapter 468, Engineer under Florida Statutes 471, or Architect under Florida Statutes Chapter 481