



Private Provider

Form H: Plan Compliance Affidavit

§553.791(6), F.S.

Project name: _____ Address: _____
 Permit No.: _____ **Check all that apply:** Master plan Add'l. Plan/Shop Drawing
 Stand-alone plan (Provide separate NTBO) Revision to permit no.: _____

Use one Affidavit for each Review Discipline only. Use H-1 form to list the approved drawing pages.

Private Provider's Firm:

I HEREBY CERTIFY that, to the best of my knowledge and belief, the plans submitted for the above referenced project comply with the Florida Building Code and all local amendments thereto. *I ALSO CERTIFY* that the plans were reviewed by myself personally or by my Duly Authorized Representative* identified below, both of whom being authorized to perform plans review under Section 553.791, F.S. and holding the appropriate license or certificate.

Private Provider: _____ FL Lic. #: _____ Seal/Signature/Date

Discipline Reviewed: BLDG STRUCT ELECT MECH PLUMB
 (Select profession) Architect (sign & seal above) or Professional Engineer (sign & seal above) or
 Building Code Administrator (sign, date & notarize immediately below)

Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)

Duly Authorized Representative: *If utilized for the Plan Review, sign and notarize below.

Name of person reviewing the plans: _____ FL License #: _____

Signature of reviewer: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)