



A NEW DAY.

City of Jacksonville, Florida

Donna Deegan, Mayor

Department of Public Works

Ed Ball Building

214 North Hogan Street, Suite 2100

Jacksonville, FL 32202

(904) 255-8310

www.jacksonville.gov

PRIVATE PROVIDER PLAN COMPLIANCE AND QUALIFICATION AFFIDAVIT

(Civil Engineering, Subdivision, and Landscape Architecture – Chapter 654 / F.S. 553.791)

STATE OF FLORIDA)

COUNTY OF DUVAL)

BEFORE ME, the undersigned authority, personally appeared

_____ [Print Name], who being duly sworn, deposes and states
under penalty of perjury:

1. AFFIANT CREDENTIALS & LICENSURE

I am a duly qualified Private Provider licensed in the State of Florida as a:

[] Professional Engineer (PE) – Florida License No: _____

[] Registered Landscape Architect (LA) – Florida License No: _____

I am the principal, owner, or authorized agent of

_____ [Print Private Provider Firm Name], which
is registered with the City of Jacksonville for private plan review services.

2. PROJECT IDENTIFICATION

I have been retained by the Fee Owner or Developer to perform a professional plan compliance review for the following project:

Project / Subdivision Name:

Project Address / Location:

Real Estate (RE) Number(s):

City Development Number:

3. STATEMENT OF INDEPENDENCE & NO CONFLICT OF INTEREST

Pursuant to Florida Statute Section 553.791 and Jacksonville Ordinance 2026-0363-E, I hereby attest and certify that:

- A. Neither I nor the Private Provider Firm named above holds any financial, personal, or ownership interest in the subject property or development project.
- B. Neither I nor any member of my firm has prepared, designed, or provided prior professional services for the specific plans submitted under this affidavit.
- C. Compensation received for these review services is completely independent of the project's approval or final outcome.

4. COMPLIANCE ATTESTATION

I hereby certify under penalty of perjury that I have personally and thoroughly reviewed the attached civil engineering, subdivision, and/or landscape plans and supporting documents. Based on this review, I have determined to the best of my knowledge and belief that the plans fully comply with all applicable requirements of the City of Jacksonville's Land Development Procedures Manual, Chapter 654 (Code of Subdivision Regulations), and all other applicable laws and regulations.

I further certify that I am familiar with and have reviewed:

- a. All Department training materials;
- b. All applicable Florida Statutes;
- c. The City of Jacksonville Ordinance Code;
- d. The City of Jacksonville Land Development Procedures Manual; and
- e. All applicable City standards.

5. INSURANCE & INDEMNIFICATION ACKNOWLEDGMENT

I certify that the Private Provider Firm maintains professional liability insurance coverage in compliance with Florida Statute Section 553.791(16), and I acknowledge that the submission of this affidavit binds the firm to the standards and legal obligations set forth under Jacksonville Ordinance 2026-0363-E.

Signature of Private Provider

Print Name of Private Provider

SWORN TO AND SUBSCRIBED before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ has produced _____ as identification.

[SEAL]

Notary Public, State of Florida

My Commission Expires: _____