



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT COVER PAGE
 (REVISED: 3/30/2026)

* Indicates a required field

PROJECT INFORMATION
* Permit Number: _____
* Project Address: _____

	<u>REQUIRED INSPECTIONS</u>																						
<p style="text-align: center;"><i>Mark all that apply</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>REQUIRED ASSOCIATED PERMITS</u></p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Mechanical</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Roofing</p> </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Accessibility</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Lathing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deep Foundation</td> <td style="border: none;"><input type="checkbox"/> Open Floor Framing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dry-In</td> <td style="border: none;"><input type="checkbox"/> Rated Wall</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Drywall Fastening (<i>Shear wall/ceiling</i>)</td> <td style="border: none;"><input type="checkbox"/> Roof Sheathing (<i>Comm.</i>)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elevated Flatwork/Flashing</td> <td style="border: none;"><input type="checkbox"/> Roof / Wall Sheathing (<i>Res.</i>)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fill Cell</td> <td style="border: none;"><input type="checkbox"/> Slab</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Final</td> <td style="border: none;"><input type="checkbox"/> Swimming Pool</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Final Curtain Wall</td> <td style="border: none;"><input type="checkbox"/> Threshold Insp Report</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Footing</td> <td style="border: none;"><input type="checkbox"/> Tie Beam</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Framing</td> <td style="border: none;"><input type="checkbox"/> Tilt Wall Panel</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insulation</td> <td style="border: none;"><input type="checkbox"/> Wall Sheathing (<i>Comm.</i>)</td> </tr> </table>	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Lathing	<input type="checkbox"/> Deep Foundation	<input type="checkbox"/> Open Floor Framing	<input type="checkbox"/> Dry-In	<input type="checkbox"/> Rated Wall	<input type="checkbox"/> Drywall Fastening (<i>Shear wall/ceiling</i>)	<input type="checkbox"/> Roof Sheathing (<i>Comm.</i>)	<input type="checkbox"/> Elevated Flatwork/Flashing	<input type="checkbox"/> Roof / Wall Sheathing (<i>Res.</i>)	<input type="checkbox"/> Fill Cell	<input type="checkbox"/> Slab	<input type="checkbox"/> Final	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Final Curtain Wall	<input type="checkbox"/> Threshold Insp Report	<input type="checkbox"/> Footing	<input type="checkbox"/> Tie Beam	<input type="checkbox"/> Framing	<input type="checkbox"/> Tilt Wall Panel	<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall Sheathing (<i>Comm.</i>)
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PRIVATE PROVIDER 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: