

**Private Provider – Plan Compliance**

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

**Qualifier Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed 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 s 553.791, Florida Statute and holds the appropriate license or certificate:

**Reviewer Name:** \_\_\_\_\_ **Plan Sheets:** \_\_\_\_\_

**Reviewer FL License # & certification description:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Qualifier:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by (printed name of qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Must Comply with Notarial

Notary