

GROWTH MANAGEMENT DIVISION BUILDING DEPARTMENT

Project Name or Permit #:		
Design Professional Ackn	owledgement	of Submittal
I, licensed submittal of building permit plans is being done assigned.	l as a(n) Engineer/Arcl so at my own risk wit	
The responsibility of correction submitta my own, as well as any fees associated with appropriate takes responsibility of the permit by a Department: • A "Qualifier's Page" of the build	olication and/or review submitting to the Colliding permit application	until such time a er County Building
 A notarized, or signed/sealed let contractor to take responsibility 	3	n myself for said
I also affirm that in accordance with F.S cannot and will not issue a permit to any person certificate or registration in the appropriate cate. I acknowledge these statements by providing m notarized signature.	that does not hold a vagory.	alid active
Signature	Place Seal Here	
STATE OF FLORIDA COUNTY OF		
Sworn to and subscribed before me this	day of	20
Ву		
	Notary Public, Sta	ate of Florida
(SEAL)		
Personally known or Produced Identification Type of Identificat	(Print, type or startion	mp name)