



City of Coral Gables  
Development Services Department

PLAN COMPLIANCE AFFIDAVIT  
PRIVATE PROVIDER

Form B  
Florida Statutes §553.791(6)

Project name & address: \_\_\_\_\_

Parcel folio number: \_\_\_\_\_

Master permit number: \_\_\_\_\_ Sub-Permit number: \_\_\_\_\_

Revision  Shop Drawing

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider: \_\_\_\_\_

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Florida License No.: \_\_\_\_\_

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Seal/Signature/Date

Name of person reviewing the plans (if applicable): \_\_\_\_\_

Florida License/Registration/Certification numbers: \_\_\_\_\_

Discipline and Plan Sheets covered by this affidavit: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

SWORN AND SUBSCRIBED before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared \_\_\_\_\_, being personally known to me ( ) or having produced as identification \_\_\_\_\_, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

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

Print Name: \_\_\_\_\_

Notary Public Stamp:

My Commission Expires: