



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: _____

Florida License No.: _____

Seal/Signature/Date

L

J

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: