

Virtual Inspections by Affidavit (VALID FOR CONTRACTORS ONLY)

Contractor	
Record Number	
Project Address	
at the project address listed above on the d my knowledge, information, and belief, I h requirements set forth in the Florida Buildin	VERIFICATION se Professional and that I personally inspected the premises late of this statement. In my professional opinion, based on have determined the work performed meets the minimum ng Code. ective checklist, has been uploaded to the Accela record.
Date:	License No.:
License Holder Name (Printed)	License Holder Name (Signature)
Digital Signature NOTE: Notary is required if the Dig	ital Signature does not include third party verification.
STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed before me by mean	
this day of, 20	, by
Affix Notary	/ Seal Print, Type, or Stamp Commissioned Name of Notary Public
Personally Known OR Produced Identification. Type of Identification Produced and Number:	