Form # 9B-3.053-2002-02 **Private Provider Plan Compliance Affidavit** Effective January 20, 2003

Private Provider Firm:	
Private Provider:	
Address:	
Phone:	Fax:
Email:	
reviewed for and are in compliance amendments to the Florida Buildir	my knowledge and belief the plans submitted were e with the Florida Building Code and all local ng Code by the following affiant, who is duly w pursuant to Section 553.791, Florida Statute and rtificate:
Name:	Plan Sheets:
Florida License/Registration/Certi	fication #(s) and description:
Signature of Reviewer:	
SWORN AND SUBSCRIBED be	fore me by
being personally known to me	fore me by or having produced as identification and who being fully sworn and cautioned, state
that the foregoing is true and corre	and who being fully sworn and cautioned, state ect to the best of his/her knowledge or belief.
Signature of Notary	Print Name
Notary Public: NOTARY STAMP	BELOW

My commission expires: