

COVID-19 TEMPORARY RELIEF MEASURE

INSPECTION BY AFFIDAVIT FOR BUILDING TRADE PERMITS (BTR RECORDS)

PROJECT INFORMATION

Project Number: _____

Project Address: _____

Scope of Work: _____

VERIFICATION

I hereby verify that I am a (check one of the following):

- Licensed Contractor of Record
- Registered Architect or Engineer in the State of Florida of Record

I hereby certify that I personally inspected the premises at the project address listed above on the date of this statement. In my professional opinion, based on my knowledge, information, and belief, I have determined the work performed meets the minimum requirements set forth in the Florida Building Code. I also understand that I will only use this affidavit during the COVID-19 Emergency period.

I have uploaded photo documentation of the items inspected.

Date: _____

License No.: _____

License Holder Name (Printed)

License Holder Name (Signature)

License Holder Phone Number

License Holder Email Address