## Form # 9B-3.053-2002-02

## **Private Provider Plan Compliance Affidavit** Effective January 20, 2003

Private Provider Firm:	
Private Provider:	
Address:	
Dharra	Fax:
Email:	
reviewed for and are in compliance with amendments to the Florida Building Co	nowledge and belief the plans submitted were h the Florida Building Code and all local ode by the following affiant, who is duly suant to Section 553.791, Florida Statute and ate:
Name:	Plan Sheets:
Florida License/Registration/Certificati	on #(s) and description:
Signature of Reviewer:	
	or having produced as identification and who being fully sworn and cautioned, state
that the foregoing is true and correct to	the best of his/her knowledge or belief.
Signature of Notary	Print Name
Notary Public: NOTARY STAMP BEL	LOW
My commission expires:	