



Private Provider Plan Compliance Affidavit

Updated 6/8/2023

PLAN COMPLIANCE AFFIDAVIT

City of Tampa Permit No.: _____

Project Address: _____ Project Folio No.: _____

Private Provider Firm: _____ License No.: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Select all that apply:

Construction Plans

Resubmittals (response to deficiencies)

Revisions (changes to original scope)

I HEREBY CERTIFY that to the best of my knowledge and belief, the documents 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:

Printed or Typed Name of Private Provider

Signature of Private Provider

STATE OF FLORIDA

AFFIX
NOTARY
SEAL

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by
means of ☐ physical presence or ☐ online notarization,
this ____ day of _____,

by _____
(Name of person making statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____