

### COVID-19 TEMPORARY RELIEF MEASURE INSPECTION BY AFFIDAVIT FOR OCCUPIED SPACES

#### PROJECT INFORMATION

Project Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_

#### **VERIFICATION**

I hereby certify that I am a registered Architect and/or Engineer and 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 the required photo documentation to the Accela record.

Date: \_\_\_\_\_

License No.: \_\_\_\_\_

\_\_\_\_\_  
License Holder Name (Printed)

\_\_\_\_\_  
License Holder Name (Signature)

\_\_\_\_\_  
Digital Signature

**NOTE: Notary is required if the VERIFICATION is not digitally signed.**

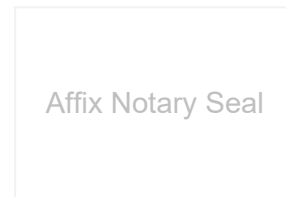
STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.



\_\_\_\_\_  
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: \_\_\_\_\_