



City of Belleair Bluffs

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<http://safebuilt.com/locations/florida-gulf-coast-office>

**DULY AUTHORIZED REPRESENTATIVE
EMPLOYMENT AFFIDAVIT**

Permit Number: _____



This affidavit is required pursuant to the City of Belleair Bluffs Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b).

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Signature of Private Provider _____ License # _____

PRIVATE PROVIDER FIRM _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public