



City of Belleair Bluffs

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**PRIVATE PROVIDER PLAN REVIEW
COMPLIANCE AFFIDAVIT**

Permit Number: _____



Project Name: _____

Project Tax ID: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the most current version of the Florida Building Codes and all local amendments by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ **Plan Sheets:** _____

Applicable Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

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