



Community Development Department

Building Construction Division

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www.CharlotteCountyFL.gov
"Delivering Exceptional Service"

For Office Use Only

Permit Number

20

Application Date

CSR Initials

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Permit #: _____ Address: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

E-mail: _____

Notice - A private provider may only perform building code plan review services that are within the disciplines covered by that person's licensure or certification.

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

Plan sheets: _____

Florida Architect's or Engineer's Certification #: _____

Signature of Private Provider: _____

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 who has produced _____ as identification and who did/did not take an oath.

Signature of Notary Public

Seal