



Private Provider Plan Compliance Affidavit

BUILDING DEPARTMENT

Revision Date: 10/1/2025

Form I.D. Number: 098.B1

Use one Affidavit for each Review Discipline. Use Form 098.B3 to list approved drawing pages.

Permit Number _____ Job Address _____

Check All That Apply Master Plan Additional Plan/Shop Drawing
 Stand-Alone Plan (Provide separate NTBO) Revision to Permit

Discipline Reviewed BLDG STR ELE PLB MCH

Private Provider Firm _____

Private Provider _____

License Number _____

Architect/Engineer (Affix Seal, Signature, Date)

Building Code Administrator (Sign, Date & Notarize)

Seal/Signature/Date

I hereby certify that, to the best of my knowledge and belief, the plans submitted for the above referenced project comply with the Florida Building Code and all local amendments thereto. I also certify that the plans were reviewed by myself personally, or by my Duly Authorized Representative* identified below, both of whom being authorized to perform plans review pursuant to Section 553.791 FSS and holding the appropriate license or certificate.

Private Provider Signature Date

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20 ____ by _____, _____ personally known or by I.D. _____.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Duly Authorized Representative _____ License _____

DAR Signature Date

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20 ____ by _____, _____ personally known or by I.D. _____.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public