

Community Development Department
1776 Independence Lane, 2nd Floor
Maitland, FL 32751



PLAN COMPLIANCE AFFIDAVIT

§553.791(6), F.S.

Project name: _____ **Address:** _____

Check all permits: ☐ Primary ☐ Sub Trade

☐ Stand-alone permit (*Provide separate NTBO*) ☐ Revision to permit no: _____

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Use one Affidavit for each Review Discipline only.

Private Provider's Firm:

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 under Section 553.791, F.S. and holding the appropriate license or certificate.

■ **Private Provider:** _____ FL Lic. #: _____ L _____ J

Discipline Reviewed: ☐ BLDG ☐ RES ☐ ELECT ☐ MECH ☐ PLUMB Seal/Signature/Date

(*Select profession*) ☐ Architect (*Sign & Seal above*) or ☐ Professional Engineer (*Sign & Seal above*) or

☐ Building Code Administrator (*Sign, Date and Notarize immediately below*)

Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me ☐ or Produced identification (type) _____ (NOTARY SEAL)

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■ **Duly Authorized Representative:** **If utilized for the Plan Review, sign and notarize below.*

Name of person reviewing the plans: _____ FL License #: _____

Signature of reviewer: _____ Date: _____

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me ☐ or Produced identification (type) _____ (NOTARY SEAL)