

PROFESSIONAL SIGNATURE SUBMITTAL

Authorization and Acknowledgement

Permit Number: _____
Project Name: _____

Permit Type: _____
Submittal Type: Initial Revision

Please list in the space provided below all files associated with this Professional Signature Submittal including the date submitted digitally or a screenshot of the submittal confirmation listing all attachments.

<p>List example:</p> <ul style="list-style-type: none">• Ph1 Civil.pdf (July 27, 2020)• Survey.pdf (July 27, 2020)• Color Elevations.pdf (July 27, 2020)	<p>Screenshot example:</p> <p>Attachments</p> <p>Complete Building Plan (Building, Electrical etc) Complete Building Plan (Building, Electrical etc) Complete Building Plan (Building, Electrical etc) Ph1 Civil.pdf Survey.pdf Color Elevations.pdf</p>
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The undersigned Architect, Engineer, or Surveyor (“Undersigned”) understands that (s)he is authorizing the City of Maitland’s Building Division, through its application and review process, to accept documents electronically using the seal and signature appearing below in order to verify licensure in the State of Florida. Upon proper completion and verification of this form, the submitted documents will be routed to assigned City of Maitland review staff.

Once the submitted document(s) are reviewed and approved by the City of Maitland pending signature and seal, the documents will be locked and watermarked by the City and returned to the undersigned to be printed and physically signed and sealed in accordance with Florida Statutes. The undersigned understands that (s)he may not alter the locked documents other than to add the required signature, date and seal. The printed signed and sealed documents shall then be provided back to the City of Maitland for final approval.

Governing Law

The Undersigned understands that the signing and sealing of documents is governed by Florida law, specifically but not limited to Florida State Statutes Chapters 471, 472, and 481 respectively, and Florida Administrative Code sections 61G15. The City of Maitland shall not be liable in any manner for any violations of professional licensure regulations. It is the Undersigned’s responsibility to ensure compliance with all laws, regulations, and ordinances that govern his/her professional license.

Applicant Name (Please Print)

Applicant Signature

Applicant Contact Phone Number

Name of Company

Signature with Seal visible (PE, AA, LS, PSM, ETC)

An original copy of this form is required to be submitted in person to the Building Division or via mail to 1776 Independence Lane, Maitland, FL, 32751