



Department of Economic and Development Services

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Private Provider
Plan Compliance Affidavit

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 compliances 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 Section 553.791, Florida Statute and holds the appropriate license or certificate.

Name: _____

Plan Sheets: _____

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

Signature of Review: _____

SWORN AND SUBSCRIBED before me by _____
Being personally known to me _____ or having produced as identification
_____ and who is being fully sworn and cautioned, state that the
foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My Commission Expires: