



Osceola County Building Office
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Ph: (407) 742-0200 Fax: (407) 742-0202

Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ **Fax:** _____

Email Address: _____

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 Statue and holds the appropriate license or certificate:

Name: _____ **Plan Sheets:** _____

Florida License/Registration/Certification Number(s) and Description:

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
personally known to me _____ or having produced as identification _____
_____ and who 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: