



MIAMI-DADE COUNTY

STANDARDIZED PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Instructions: Provide one affidavit and a log of approved plan sheets for each review trade.

Private Provider Firm: \_\_\_\_\_

Name of Private Provider: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Project Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

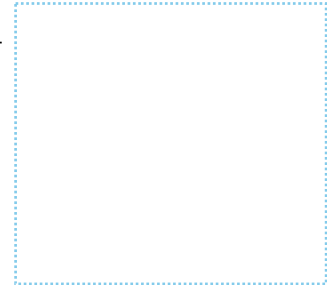
Process No.: \_\_\_\_\_ (Check one):  Master Permit (or)  Revision/Shop Drawing  
Master Permit No.: \_\_\_\_\_

Review Trade (select one): Building Electrical Mechanical Plumbing Structural

I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

Private Provider Name: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Wet or digital signature & seal for architect or engineer, notary for building code administrator)



STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Seal/Signature/Date

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

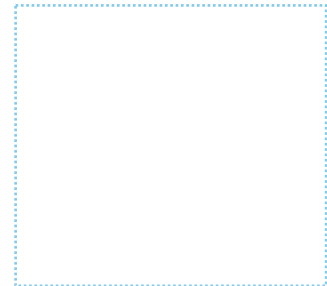
Name of Notary Public: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

Personally known to me or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)

**Signature of Duly Authorized Representative if used for plan review in addition to the private provider's signature.**

Plans Examiner Name: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Wet or digital signature & seal for architect or engineer, notary for BCAIB certified plans examiner)



STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Seal/Signature/Date

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)