



MIAMI-DADE COUNTY

STANDARDIZED PRIVATE PROVIDER LOG OF APPROVED DOCUMENTS

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

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Project Name: _____ Site Address: _____

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

Master Permit No.: _____

Private Provider Name: _____ Lic. No.: _____

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



Seal/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)

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

Table with 5 columns: Description: Plan/Calcs/Report/Product Approvals/Other, Sheet #, Rev # Δ, Date, # Pages. Multiple empty rows for data entry.