

PROFESSIONAL CERTIFICATION PROGRAM AFFIDAVIT AND VERIFICATION FORMS (MULTI-FAMILY AND COMMERCIAL PERMITS)

PROPERTY OWNER AFFIDAVIT:

I have opted to participate in the professional certification program made available to me by operation of State Law 553.791 F.S., Miami-Dade County Ordinance 02-175 and Administrative Order 4-120. I understand that under this optional program, the Building Official for Miami-Dade will not review the plans submitted or perform the code inspections, subject only to the quality assurance program established by ordinance. Further I am aware of the requirement of Section 8-18 of the Code of Miami-Dade County that requires disclosure in any contract for sale that the structure was erected pursuant to the professional certification of plans and inspection by architects and engineers who have been privately retained by the owner and applicant for permits.

Select One: **INDIVIDUAL** *Or;* **CORPORATION** *Or;* **PARTNERSHIP**

Signature: _____

Print Corporation Name

Print Partnership Name

Print Name:

Signature: _____

Signature: _____

Address:

Print Name: _____

Print Name:

Title:

Title:

Address:

Address:

Telephone No.:

Telephone No.:

Telephone No.:

**INDIVIDUAL
STATE OF FLORIDA COUNTY OF
MIAMI-DADE**

Sworn to and subscribed before me by
means of ☐ physical presence OR ☐ online
notarizations this _____ day
of _____, 20_____,
by _____

Signature of Notary Public

Print Name

(SEAL)

Personally known

or Produced Identification

Type of Identification Produced

CORPORATION
STATE OF FLORIDA COUNTY OF
MIAMI-DADE

Sworn to and subscribed before me by
means of ☐ physical presence OR ☐ online
notarizations this _____ day
of _____, 20_____,
by _____

Signature of Notary Public

Print Name

(SEAL)

Personally known

or Produced Identification

Type of Identification Produced

**PARTNERSHIP
STATE OF FLORIDA COUNTY OF
MIAMI-DADE**

Sworn to and subscribed before me by
means of ☐ physical presence OR ☐ online
notarizations this _____ day
of _____, 20_____,
by _____

Signature of Notary Public

Print Name

(SEAL)

Personally known

or Produced Identification

Type of Identification Produced

STEP 1 (OPTIONAL):

**REQUEST TO SUBMIT FOR CONCURRENT REVIEW WITH MIAMI-DADE COUNTY WHILE
CONSTRUCTION DOCUMENTS ARE BEING REVIEWED BY THE PRIVATE PROVIDER**

- ☐ This project is being submitted under an optional program that allows Miami-Dade County to review the construction documents and permit application prior to the completion and approval of the required reviews by the Private Provider. Once the Private Provider has completed and approved the construction plans, provided the Notice to Building Official form, and the applicable Plan Compliance Affidavits, Step 2 of this form shall be completed and submitted for permit issuance. The Private Provider's signature below confirms that this is a preliminary submittal not for permit issuance.

PRIVATE PROVIDER FOR ALL DISCIPLINES

PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

STEP 2:

FINAL VERIFICATION FORM

This portion of the document is to be completed after the plans have been reviewed and approved by the Private Provider. One set of construction documents listed below must be included with the permit application for paper submittal or uploaded electronically through our portal using validated digital signatures. All items on the verification form must be checked "Yes" (to indicate the item is included with this submittal) "Not Applicable" (if the item is not required at all for the project) or "To be submitted later in compliance with the noted condition" as a deferred submittal. Plans and documents must be in compliance with the applicable Florida Building Code and Section 8-10 of the Code of Miami-Dade County.

Once a permit is secured, deviations from these documents during construction shall result in inspection rejection by the Private Provider or Duly Authorized Representative. Any required changes must be filed with the Building Official as revisions to the permit prior to inspection approval. Revised documents shall be signed and sealed by the design professional and must be submitted with a signed Plan Compliance Affidavit for each applicable trade and an update Professional Certification Form prepared by the same Private Provider who issued the original Professional Certification Form. Shop drawings and other documents must first be reviewed by the Private Provider and submitted to the building department with Plan Compliance Affidavits from each respective trade and an updated Professional Certification form indicating the type of document and discipline prior to respective inspections. The registered person must verify that all shop drawings are reviewed and approved by the professional of record prior to review by Private Provider and subsequent submittal to the Building Official.

BUILDING VERIFICATION FORM

In this section indicate the required submittals and if applicable, the type(s) of roofing permits that apply to this project. Please note the “Conditions” for deferred submittals.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Termite Treatment Certificate of Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Required at different stages in accordance with 1816 Florida Building Code. The registered person is required to collect documents and submit as a revision prior to Final Insp.
Complete architectural plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Roof System	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Notice of Acceptance an (NOA) must be submitted at time of roofing permit application. This must be submitted with a signed Affidavit and Verification Form prepared by the same registered person who issued the original Affidavit and Verification Form. If “Yes” or “Deferred” please indicate the permit category(ies) below.
Florida Department of Health - Application Receipt Letter for Pool Operating Permit	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Required for construction of a public swimming pool as a condition of the building permit approval in accordance with Section 514.03(1) of the Florida Statutes.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Category 92 Low Slope Applications | <input type="checkbox"/> Category 103 Structural Roof Panels |
| <input type="checkbox"/> Category 95 Shingles | <input type="checkbox"/> Category 107 Tile Roofs |
| <input type="checkbox"/> Category 96 Metal, Wood, Shingles, Shakes | <input type="checkbox"/> Category 109 Waterproofing Systems |

COMPLETION HOLDS REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- ☐ 448 Department of Health (DOH) Operating Permit Required

STRUCTURAL VERIFICATION FORM

In this section indicate the required submittals and if applicable, the type(s) of roofing permits that apply to this project. Please note the “Conditions” for deferred submittals.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Complete structural plans in compliance with Florida Building Code and Section 8-10 of the Code of Miami-Dade County.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Soil Test Report	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Pile Load Test or Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Complete Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Special Inspector Affidavits: <i>(Hold 159)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Structural Piles MDC 8-22	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Fill Under Slab Compaction MDC 8-22	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
2122.2.4 FBC Reinforced Unit Masonry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Welding & Bolting MDC 8-22	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Curtain Wall Systems MDC 8-22	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Structural Glazing MDC 8-22	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Threshold Inspection Affidavit and Threshold Inspector Plan <i>(Hold 147 & 430)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Soil Compaction Test	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and submitted prior to Foundation Insp.
Shop Drawings for Shoring & Re-Shoring <i>(Hold 440)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegate engineer prior to the mandatory inspection.
Shop Drawings for Post Tension and Calculations <i>(Hold 113 & 412)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegate engineer prior to the mandatory inspection
Shop Drawings for Laminated Wood Beams <i>(Hold 098 & 410)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Floor Trusses Shop Drawing & Calculations (Hold 019 & 400)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Roof Trusses Shop Drawing and Calculations (Hold 019 & 400)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Handrail and Guardrails Shop Drawing and Calculations (Hold 024 & 404)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Final Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Bar Joist Shop Drawings and Calculations (Hold 160 & 415)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Steel Framing Shop Drawings and Calculations (Hold 160 & 415)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Pre-cast Floor Systems Shop Drawings and Calculations:		Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Twin Tees (Hold 421)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	
Slabs (Hold 021)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	
Joists (Hold 424)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	
Hollow Core (Hold 021)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Pre-Cast Wall Systems Shop Drawings and Calculations:		Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Tilt-up Panels (<i>Hold 215</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	
Twin Tees (<i>Hold 422</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	
Composite Floor System Shop Drawings and Calculations (<i>Hold 426</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Pre-manufactured stairs shop drawings and Calculations (<i>Hold 402</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Final Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.

Glazing; NOA and design wind pressure computations

Skylights (<i>Hold 023</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Windows & Glass Doors (Cat 082)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Storefronts (Cat 083)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Curtain walls; NOA and design wind pressure computations (Cat 084)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Exterior door drawings, NOA and design wind pressure computations (<i>Hold 173</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Glass block drawings, NOA and design wind pressure computations (<i>Hold 174</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Sectional overhead and Roll-up door drawings, NOA and design wind pressure (<i>Hold 020 & 401</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.
Storm protection (shutters) drawings, NOA and design wind pressure computations (Cat. 029 & 101)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted prior to Framing Insp.

MECHANICAL VERIFICATION FORM

In this section indicate the required submittals and if applicable, the type(s) of mechanical permits that apply to this project. Please note the "Conditions" for deferred submittals.

REQUIREMENT	INCLUDED AS PART OF SUBMITTAL	CONDITIONS
Complete mechanical plans in compliance with the Florida Building Code and Section 8- 10 of the Code of Miami-Dade County.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Energy calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Boiler and/or Pressure Vessel Report	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Must be submitted as a revision to the permit prior to final inspection.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Category 03 Air Conditioning
<input type="checkbox"/> Category 09 Above & Below Gas Tanks Pumps & Pollutant Storage System
<input type="checkbox"/> Category 10 Heating
<input type="checkbox"/> Category 11 Insulation
<input type="checkbox"/> Category 15 Pneumatic Tube Conveyor System
<input type="checkbox"/> Category 16 Pressure Process Pipping
<input type="checkbox"/> Category 19 Refrigeration
<input type="checkbox"/> Category 23 Air Conditioning Duct Work
<input type="checkbox"/> Category 24 Boiler
<input type="checkbox"/> Category 25 Conveyors
<input type="checkbox"/> Category 38 Commercial Hoods | <input type="checkbox"/> Category 39 Cooling Tower
<input type="checkbox"/> Category 40 Internal Combustion

<input type="checkbox"/> Category 41 Mechanical Ventilation
<input type="checkbox"/> Category 42 U.F. Pressure Vessel
<input type="checkbox"/> Category 43 Fire Chemical/Halon
<input type="checkbox"/> Category 45 Ductless Ventilation
<input type="checkbox"/> Category 46 Spray Booths
<input type="checkbox"/> Category 48 Smoke Control
<input type="checkbox"/> Category 50 Raise Existing Roof Mounted Equipment
<input type="checkbox"/> Category 52 Residential Elevator (Private/Individual)
<input type="checkbox"/> Category 53 Fireplaces, BBQ |
|--|--|

COMPLETION HOLDS REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- ☐ 429 Provide Elevator Certificate of Operation prior to TCO or Final
☐ 451 Blower Door Test Required at Final

PLUMBING VERIFICATION FORM

In this section indicate the required submittals and if applicable, the type(s) of plumbing permits that apply to this project. Please note the "Conditions" for deferred submittals.

REQUIREMENT	INCLUDED AS PART OF SUBMITTAL	CONDITIONS
Complete plumbing plans in compliance with the Florida Building Code and Section 8- 10 of the Code of Miami-Dade County.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Well Completion Report	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Must be submitted as a revision to the permit prior to Final Insp.
Shop Drawing for Solar Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record at time of subsidiary permit application.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Category 01 General Plumbing
<input type="checkbox"/> Category 02 Gas Fitting
<input type="checkbox"/> Category 03 Lawn Sprinkler
<input type="checkbox"/> Category 07 Solar Water Heater
<input type="checkbox"/> Category 09 Swimming Pool Maintenance ONLY
<input type="checkbox"/> Category 10 Pool Piping
<input type="checkbox"/> Category 12 Swimming Pool Service
<input type="checkbox"/> Category 14 Fire Water
<input type="checkbox"/> Category 15 Site Utilities | <input type="checkbox"/> Category 17 Exterior Rough Only
<input type="checkbox"/> Category 18 Lift Station
<input type="checkbox"/> Category 20 Sewer Connection to Public System
<input type="checkbox"/> Category 21 Re-Metering
<input type="checkbox"/> Category 22 Medical Gas
<input type="checkbox"/> Category 23 Foundation ONLY
<input type="checkbox"/> Category 24 Interceptor/Grease Trap
<input type="checkbox"/> Category 25 Replacing Sanitary Lines
<input type="checkbox"/> LPGX Category 01 |
|--|---|

COMPLETION HOLDS REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- ☐ 460 – Report gas-fired water heaters 200,000 to 399,000 Btu/hr

ELECTRICAL VERIFICATION FORM

In this section indicate the required submittals and if applicable, the type(s) of electrical permits that apply to this project. Please note the “Conditions” for deferred submittals.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Complete electrical plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami- Dade County.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Fire Alarm Shop Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record at time of subsidiary permit application.
Lighting Certification in accordance with Chapter 8-C of the Code of Miami-Dade County	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deferred to a later submittal	Must be submitted as a revision to the permit prior to Final Insp.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Category 01 General Electric
<input type="checkbox"/> Category 02 Burglar Security Systems (Commercial Only)
<input type="checkbox"/> Category 04 Fire Alarm
<input type="checkbox"/> Category 06 Master T.V. Antenna (Commercial Only)
<input type="checkbox"/> Category 07 Sound & Intercom (Commercial Only)
<input type="checkbox"/> Category 08 Utility Electrical

<input type="checkbox"/> Category 14 Temporary Service for Construction
<input type="checkbox"/> Category 15 Temporary for Test (Elevators)
<input type="checkbox"/> Category 16 Specialty Wiring
<input type="checkbox"/> Category 18 Energy Service Management

<input type="checkbox"/> Category 21 Agricultural Services
<input type="checkbox"/> Category 22 Trailer Service
<input type="checkbox"/> Category 23 Swimming Pools | <input type="checkbox"/> Category 24 Free Standing Service
<input type="checkbox"/> Category 26 Temp Service Test
<input type="checkbox"/> Category 27 Interior Sign Architectural Feature
<input type="checkbox"/> Category 28 Lighting Pole
<input type="checkbox"/> Category 29 Recreational Vehicle
<input type="checkbox"/> Category 31 Change out of exact replacement of A/C
<input type="checkbox"/> Category 32 Data Communication Cables
<input type="checkbox"/> Category 33 Central Vacuum (Commercial Only)
<input type="checkbox"/> Category 34 Solar Photovoltaic
<input type="checkbox"/> Category 35 Telephone & Communication (Commercial Only)
<input type="checkbox"/> Category 36 Smart House System (Commercial Only)
<input type="checkbox"/> Category 38 Generator (Standalone)
<input type="checkbox"/> Category 40 Building Public Radio Enhancement
<input type="checkbox"/> Category 41 Low Voltage Electric Fence |
|---|---|

AFFIDAVIT

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 Private Provider, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate and insurance commensurate with the construction value of the project:

Provide additional representatives by attaching separate sheets.

The **Building Plans** review was performed by

Name

License Number

and the **Building Inspections** will be performed by

The **Structural Plans** review was performed by

The **Mechanical Plans** review was performed by

and the **Mechanical Inspection** will be performed by

The **Plumbing Plans** review was performed by
Name

License Number

and the **Plumbing Inspection** will be performed by

The **Electrical Plans** review was performed by

and the **Electrical Inspection** will be performed by

I have confirmed that these individuals are duly authorized by law to perform those duties, have valid licenses, and will maintain those licenses in active status throughout the project. I assume full responsibility for the review of plans and inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code acknowledging that the Building Official will rely on the truth and accuracy of this statement.

I am aware that I must maintain at the job site an inspection log in a form specified by the County and that all inspections required under the FBC will be made by the individuals listed in the verification forms and recorded in the log. Inspections must be requested in accordance with statute. Upon completion of the work, I will submit to the Building Official the completed inspection log and Statement of Inspection.

I further state, I am not the design professional who signed and sealed the plans. Additionally, I hold no financial interest in the construction.

SUBJECT TO THE DISCIPLINARY ACTIONS OF THE APPROPRIATE STATE BOARD, I AFFIRM THAT INSPECTIONS WILL NOT BE PERFORMED ON ANY CONSTRUCTION WORK ASSOCIATED WITH THIS PROJECT UNTIL A PERMIT IS ISSUED BY THE BUILDING DEPARTMENT.

PRIVATE PROVIDER FOR ALL DISCIPLINES

PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

OR, DULY AUTHORIZED REPRESENTATIVE (D.A.R) PER DISCIPLINE

BUILDING (D.A.R) PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

STRUCTURAL (D.A.R) PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

MECHANICAL (D.A.R) PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

PLUMBING (D.A.R) PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

ELECTRICAL (D.A.R) PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER