

**PRIVATE PROVIDER**  
**PLAN COMPLIANCE AFFIDAVIT**

(Form # 9B-3.053-2002-02 : Effective January 20, 2003)

Columbia County, Florida  
Building Department  
135 NE Hernando Avenue  
Lake City, Florida 32055  
Phone: 386-758-1008

Date: \_\_\_\_\_

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 compliance with Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: \_\_\_\_\_

Plan Sheets: \_\_\_\_\_

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

\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

**Notarization** (Required)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of ( ) physical presence or ( ) online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is ( ) personally known to me or ( ) has provided the following identification: \_\_\_\_\_

Notary Public Printed Name: \_\_\_\_\_ Notary Seal:

Notary Public Signature: \_\_\_\_\_