



Town of Juno Beach

340 Ocean Drive, Juno Beach, Florida 33408
Phone: (561) 626-1122 Fax: (561) 775-0812

Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____ License#: _____

Address: _____

Phone: _____ Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed 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 Statute and holds the appropriate license or certificate:

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF FLORIDA, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: (CHECK ONE) PERSONALLY KNOWN TO ME _____ PRODUCED I.D. _____

TYPE OF ID PRODUCED, IF APPLICABLE _____

SIGN: _____

PRINT: _____

PUBLIC SEAL