



City of Pompano Beach
Department of Development Services
Building Inspections Division

100 W. Atlantic Blvd #360 Pompano Beach, FL 33060
Phone: 954.786.4670 Fax: 954.786.4677

Private Provider Compliance Plan Affidavit
Form # 9B-3.053-2002-01 Revised Florida Statue 553.791

Application: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I hereby certify that to the best of my knowledge and belief that 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 following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statue and holds the appropriate license or certificate:

Name: _____ Plan Sheets: _____

Florida License

Certification #(s) and description

Registration

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by

Reviewer's Name Printed

Being personally known to me _____ or
having produced as identification _____

and who being fully sworn and cautioned,
state that the foregoing is true and correct to
the best of his/her knowledge or belief.

Signature of Notary

Print/ Type or Stamp Name

My commission expires: ____/ ____/ ____

