



CITY OF POMPANO BEACH
BUILDING DEPARTMENT

100 W. Atlantic Blvd, 3rd Floor
Pompano Beach, FL 33060
Phone: 954-786-4669

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Section 1 – Plan Review Information	
Project Name:	
Project Address:	
Permit Number:	Parcel (Folio) ID:
Disciplines Reviewed:	<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other: _____
Plans / Sheets Reviewed	_____ _____ _____

Section 2 – Firm Information	
Firm Name:	
Business Address:	
Phone Number:	Email:

I, the Affiant (Reviewer) undersigned, state the following:

- Authorization & License.** I am the affiant who reviewed the plans. I am duly authorized to perform plans review as a private provider (or duly authorized representative) pursuant to §553.791, Florida Statutes, and I hold the appropriate Florida license/certificate for the discipline(s) indicated above.
- Compliance Determination.** I reviewed the plans listed below to determine compliance with the applicable codes. Based on my review, **the plans comply with the applicable codes.**

By my signature below, **under penalties of perjury**, I declare that I have read the foregoing affidavit and that the facts stated in it are true and correct to the best of my knowledge and belief.

Affiant Signature: _____ **Date:** _____

Name of Affiant: _____

Role (check one): ☐ Private Provider Qualifier ☐ Duly Authorized Representative (DAR)

Florida License/Certificate No.: _____