



# PRIVATE PROVIDER COMPLIANCE AFFIDAVIT

I, \_\_\_\_\_, the Private Provider Principal of, \_\_\_\_\_, the Private Provider Firm do hereby affirm that as a registered Private Provider with the City of Cape Coral that any building permit application or building permit in which the firm provides plans review and/or inspections services shall meet or exceed the following:

- All Duly Authorized Representatives of my firm shall meet all requirements of F.S. 553.791 and at the time of review or inspection shall be licensed or certified to perform such duties for the specific trade(s) that such licensure or certification qualifies the Duly Authorized Representative to perform.
- The firm and all representatives thereof shall continuously meet all of the minimum insurance requirements of F.S. 553.791.
- All plans reviewed by my firm shall comply with the applicable codes, as defined by F.S. 553.791.
- To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority shall be completed in conformance with the approved plans and the applicable codes, as defined by F.S. 553.791.

\_\_\_\_\_  
Private Provider Principal Signature

\_\_\_\_\_  
Date

### NOTARY

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me, this \_\_\_ day of \_\_20\_\_\_, personally appeared \_\_\_\_\_, as the \_\_\_\_\_, for \_\_\_\_\_, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. He/she is \_\_\_personally known or \_\_\_procured Identification. Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Seal