



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 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

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