

**WINTER HAVEN**  
*The Chain of Lakes City*

**City of Winter Haven Building Division**  
490 Third Street, NW ♦ Winter Haven, FL 33881  
(863) 291-5695 ♦ www.mywinterhaven.com

**Private Provider Plan Compliance Affidavit**

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

License# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I (reviewer/affiant) hereby certify that, to the best of my knowledge and belief, I am duly authorized to perform plans review pursuant to Section 553.791 of the Florida Statutes and hold the appropriate license(s) and/or certificate(s); and the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code.

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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC