

**CITY OF HOMESTEAD
DEVELOPMENT SERVICES**
PERMITTING HOURS
7:30 A.M. - 4:30 P.M.
MONDAY – FRIDAY



100 CIVIC COURT
HOMESTEAD FLORIDA 33030
T.305.224.4500 F.305.224.4539

PRIVATE PROVIDER DULY AUTHORIZED REPRESENTATIVES AFFIDAVIT

Permit # _____ Job Address: _____

Notice - A private provider may only perform building code plan review and inspection services that are within the disciplines covered by that person's licensure or certification.

The following individuals employed by this firm or me are duly authorized to perform plans review and inspections pursuant to [Section 553.791](#), Florida Statute and hold the appropriate license or certificate.

Plan Review

Building: Name & License #: _____, _____, _____

Structural: Name & License #: _____, _____, _____

Mechanical: Name & License #: _____, _____, _____

Electrical: Name & License #: _____, _____, _____

Plumbing: Name & License #: _____, _____, _____

Inspections

Building: Name & License #: _____, _____, _____

Structural: Name & License #: _____, _____, _____

Mechanical: Name & License #: _____, _____, _____

Electrical: Name & License #: _____, _____, _____

Plumbing: Name & License #: _____, _____, _____

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.

Architect/Engineer: _____

Address: _____

Signed/sealed: _____

Telephone: _____