STANDARDIZED PRIVATE PROVIDER <u>PLAN COMPLIANCE AFFIDAVIT</u>

Instructions: Provide one affidavit and a log of approved plan sheets for each review trade.

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

Project Name: _____ Site Address: _____

Process No.: _____ (Check one): ☐ Master Permit (or) ☐ Revision/Shop Drawing

Master Permit No.: _____

Review Trade (select one): ◯ Building ◯ Electrical ◯ Mechanical ◯ Plumbing ◯ Structural

I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

Private Provider Name: _____ Lic. No.: _____

Signature: _____ Date: _____

(Wet or digital signature & seal for architect or engineer, notary for building code administrator)

Seal/Signature/Date

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, by _____

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)

Signature of Duly Authorized Representative if used for plan review in addition to the private provider's signature.

Plans Examiner Name: _____ Lic. No.: _____

Signature: _____ Date: _____

(Wet or digital signature & seal for architect or engineer, notary for BCAIB certified plans examiner)

Seal/Signature/Date

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, by _____

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)

MDC Standardized Private Provider Plan Compliance Affidavit (553.791 (6))   10/24R1.1

Reset Form