DESIGN PROFESSIONAL INSPECTED PERMIT COMPLETION AFFIDAVIT

2010 FLORIDA BUILDING CODE

Job Information Permit #:_____

Job Site Address:_____

Legal Address of Site:_____

Property Owner:_____

Owner's Mailing Address: _____

Contractor (Company Name):_____

Contact Information

Design Professional Name / License #:_____

Design Professional Company Name:_____

Address: _____

Phone/Fax/E-mail:_____

Party paying for the Inspections: _____

Job Description

Description of work that was inspected, include any deviations from approved plans:

_____

_____

_____

_____

_____

Design Professional Certification

I certify that all necessary inspections have been performed. The construction is consistent with the plans and specifications outlined on the sealed construction documents.

_____ _____

Print Name of Design Professional / License # Signature of Design Professional

_____

Date (Seal)