



DESIGN PROFESSIONAL INSPECTED PERMIT COMPLETION AFFIDAVIT FLORIDA BUILDING CODE 7TH EDITION (2020)

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)