

Design Professional Inspected Permit Inspector's Completion Affidavit

Florida Building Code 8th Edition (2023)

| Job Information | Permit #: |
|--|---|
| Job Site Address: | |
| Legal: | |
| Property Owner: | |
| Owner's Mailing Address: | |
| Contractor (Company Name): | |
| Contact Information | |
| Design Professional Name / License #: | |
| Design Professional Company Name: | |
| Address: | |
| Phone/E-mail: | |
| Party paying for the Inspections: | |
| | iations from approved plans: |
| Design Professional Certification I certify that all necessary inspections have been perform outlined on the sealed construction documents. | ned. The construction is consistent with the plans and specifications |
| Print Name of Design Professional / License # | Signature of Design Professional |
| Date | (Seal) |