



Plan Review Affidavit

Okaloosa County Growth Management

812 E. James Lee Blvd.
Crestview, FL 32539
850-689-5080

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Shalimar, FL 32578
850-651-7180

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Rev. July 2026

Building Permit Number: _____
Project Name: _____
Project Address: _____
Owner's Name: _____
Owner's Address: _____
Private Provider Name: _____
Florida License Number: _____
Firm: _____ **Phone Number:** _____
Private Provider's Email Address: _____

Affidavit

I, _____, being duly sworn, certify that:

1. I am a Florida-licensed:
 - ☐ Professional Engineer
 - ☐ Registered Architect
 - ☐ Other qualified private provider under Florida Statute, [Section 553.791](#).
2. I have reviewed the construction documents submitted for this permit application.
3. To the best of my professional knowledge and belief, the plans comply with the applicable requirements of the Florida Building Code and other applicable laws and regulations.
4. I will perform my duties in accordance with Florida Statute, [Section 553.791](#), including submitting required reports and certifications to the building official.

I declare under penalty of perjury that the foregoing is true and correct.

Private Provider Signature: _____ **FL License Number:** _____

Date: _____

Professional Stamp/Seal:

STATE OF FLORIDA, COUNTY OF _____

Sworn to, or affirmed, before me this _____ **day of** _____, **20**_____.

Notary Public Stamp/Seal: