

COVID-19 TEMPORARY RELIEF MEASURE INSPECTION BY AFFIDAVIT FOR OCCUPIED SPACES

PROJECT INFORMATION

Project Number: _____

Project Address: _____

Scope of Work: _____

VERIFICATION

I hereby certify that I am a registered Architect and/or Engineer and that I personally inspected the premises at the project address listed above on the date of this statement. In my professional opinion, based on my knowledge, information, and belief, I have determined the work performed meets the minimum requirements set forth in the Florida Building Code. I also understand that I will only use this affidavit during the COVID-19 Emergency period.

I have uploaded the required photo documentation to the Accela record.

Date: _____

License No.: _____

License Holder Name (Printed)

License Holder Name (Signature)

Digital Signature

NOTE: Notary is required if the VERIFICATION is not digitally signed.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this _____ day of
_____, _____, by _____.

Affix Notary Seal

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____