

PRIVATE PROVIDER PROGRAM



LIST OF APPROVED DRAWINGS

§553.791(6), F.S.

Rev. 01-03-2022

Form B.log

Individual drawing pages approved
(Use multiple pages if necessary)

Item#	Sheet#	Rev	Date

Project Information:

Name/Address: _____

Plan number: _____

Master permit #: _____

This submittal:

Scope of Work: _____

Calculations*: __ Y __ N NOA's*: __ Y __ N

* NOTE: List Calculations and NOA's individually, at the end of the list of drawing sheets at left.

Private Provider Information:

1. Company Name: _____

2. Duly Authorized Representative (if applicable):

Name: _____ License # _____

Signature: _____ Date: _____

Note: If the plans were reviewed by an authorized representative, his/her signature is required and must be notarized.

STATE OF _____ / COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

this ____ day of _____, 20____, by _____

Notary: _____ Signature: _____

Personally known _____ or Identification type _____

My commission expires: _____ (NOTARY PUBLIC SEAL)

3. Private Provider

Name: _____ License# _____

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Seal/Signature/Date

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