

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: DBC SERVICES

Private Provider: DANNY BASS

Address: 3369 CR 528, SUMTERVILLE, FL 33585

Phone: 352-267-7945 Fax: _____

Email: DANNY@DBC SERVICES.US

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: DANNY BASS Plan Sheets: 1

Florida License/Registration/Certification #(s) and description:

PBP1704

Signature of Reviewer: 

SWORN AND SUBSCRIBED before me by Danny Bass 7/7/2026
being personally known to me ☒ or having produced as identification _____
and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.

 7/7/2026
Signature of Notary

DEBRA J DAVIS
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

1/8/2029

