



Form # 9B-3.053-2002-02

**Private Provider
Plan Compliance Affidavit**

Effective January 20, 2003

Private Provider Firm: Freedom Code Compliance Corp

Private Provider: Michael Williams

Address: 500 NW University Blvd Port St Lucie FL 34986

Phone: 772-278-8924 Fax: _____

Email: ops@freedomcodecompliance.com

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: Kevin Klepac Plan Sheets: See Attached Table

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

PBP1778, PBC424, BN9518, PX5451

Signature of Reviewer: 

SWORN AND SUBSCRIBED before me by Kevin Klepac being personally known to me and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.


Signature of Notary

Kesle Ffrench
Print Name

Notary Public:

My commission expires: 06/27/2028



Project Name
Perin Residence - Initial Plan Set
Address
263 SW Kemp CtLake City, Florida 32024

Document Name	Number of Sheets	Name of Signer	Date of Signature
Perin EC_JDS executed	23	Richard E Walker	02.10.2026
Perin Final(EFILE)	13	Richard E Walker	02.27.2026
Product Approval - Perin	1		
Site Plan - Perin	1		
Truss layout - Perin	1		
Truss seals - Perin	40		

Link To Plans/Documents:	https://drive.google.com/drive/folders/1hkH-qDWO23jy7AQhd0C40bMkaqu1Jzmn?usp=sharing
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