



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

Private Provider Firm: Freedom Code Compliance

Private Provider: Michael Williams

Address: 2885 SE Monroe St, Stuart, FL 34997

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: Michael Williams


Plan Sheets: Cover Sheet 1, F&R Elevation 2, L&R Elevation 3, Slab Plan 4, J-Bolt 5, Plumbing Plan 6, Main Floor Plan 7, Details 8-14, Roof Plan 15, Electric Plan 16, Cabinet plan 17, Truss Plan 18, Structural Details S-1, Structural Details S-2, Structural Details S-3, Truss Layout 2, Truss Calcs 1-20, Energy Calcs 1-17, Energy Calcs 2 1-9, POA

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

Building Code Admin BU2215, Plans Examiner PX4929, Building Inspector BN7822

Signature of Reviewer: 

SWORN AND SUBSCRIBED before me by Michael Williams 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

Douglas Mustapick
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: 2/15/2025

