



AFFIDAVIT AUTHORIZING SUBMITTAL OF SCAN PLANS AND CONSTRUCTION DOCUMENTS IN LIEU OF DIGITAL SIGNED AND SEALED SET.

JOB ADDRESS:		
PROJECT NAME:		
PLAN REFERENCE/JOB IDENTIFICATION NUMBER FROM NUMBER FROM TITLE BLOCK:		
L (ariat full pages)		Dasing Bustaniana
of Record with license	number #	Design Professiona with
the Firm (Name)	. Harriset II	, hereby
sealed set. I affirm t accurate duplicate of understand that I am	cal of scanned plans and construction document hat the scanned files submitted for project refer the complete hardcopy set of plans signed and the custodian of all original records and must makest of the Building Official or his designee.	enced above are an exact and sealed by the undersigned.
•	ledge that if there are any discrepancies betwee ct will be terminated, become null and void, and	
·	This affidavit will apply and must be submitted th ttal, re-works, revisions, shop drawings, etc. duri	
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•	ttal, re-works, revisions, shop drawings, etc. duri	ng this emergency period.
•	Designer Professional of Record Signatur	ng this emergency period.
•	Designer Professional of Record Signature Designer Professional of Record Name:	ng this emergency period.
•	Designer Professional of Record Signature Designer Professional of Record Name: Designer Professional of Record Phone: Design Professional of Record Email:	ng this emergency period.
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chitect/Engineer of Record STATE OF FLORIDA COUNT Sworn to and subscribed by Signature of Notary Public	Designer Professional of Record Signature Designer Professional of Record Name: Designer Professional of Record Phone: Design Professional of Record Email: Design Professional of Record Email:	ng this emergency period.