



Town of Jupiter Building Department
210 Military Trail
Jupiter, Florida 33458
(561) 741-2286

Duly Authorized Agents Affidavit

This affidavit is required pursuant to the Town of Jupiter Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (17) (b).

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive reemployment benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVE (DAR):

Note: Submit resumes of each DAR and copies of their licenses. Submit a separate form for each employee.

Permit Number: _____

Project Address: _____

Private Provider Firm (Printed): _____

DAR Name (Printed): _____

Office Phone: _____ Cell Phone: _____

Email: _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Signature of Private Provider: _____

Type of service(s) to be performed by named DAR (Check all that apply):

Plan Review Service

Inspection Service

Building

Building

Mechanical

Mechanical

Electrical

Electrical

Plumbing/Gas

Plumbing/Gas

Other: _____

Other: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF FLORIDA, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: (CHECK ONE) PERSONALLY KNOWN TO ME _____ PRODUCED I.D. _____

TYPE OF ID PRODUCED, IF APPLICABLE _____

SIGN: _____

PRINT: _____

PUBLIC SEAL