



**Notice To Private Provider's  
Private Provider Spot Survey Affidavit**

\_\_\_\_\_  
*Name of Owner*

**It is the responsibility of the Private Provider to ensure that a Spot Survey and Elevation Certificate are provided to this division in a timely manner. Per the Building Official, no inspection activity is allowed after the slab inspection has been approved until a Spot Survey and Elevation Certificate has been submitted to and approved by City of Boca Raton Building Division.**

**Private Provider must notify the City of Boca Raton Building Division within 48 hours of approving the slab inspection. Notification to include date of approval.**

**No further construction activity is permitted until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate and Final Survey must be submitted to this department in order to receive a final Certificate of Occupancy.**

**I understand that I am subject to enforcement action by the City of Boca Raton, if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by the City of Boca Raton Building Division pursuant to this affidavit holds the Private Provider responsible for maintaining compliance with this policy, the Florida Building Code and any FEMA Flood Proofing or Elevation Requirements.**

Parcel Tax ID: \_\_\_\_\_ Permit number \_\_\_\_\_

Private Provider Name: \_\_\_\_\_ License number: \_\_\_\_\_

Private Provider Signature: \_\_\_\_\_

**This Section To Be Completed By a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, Check One: Personally Known to Me \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_