



Construction Services & Permitting
**Use of Private Provider
Notice to Building Official**

December 2014

One Fourth Street North
St. Petersburg, FL 33701
(727) 893-7231

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plan Review Inspections

Note: If the notice applies to either Private Provider plan review or Private Provider inspection services only, the Building Official may require, at his or her discretion, that the Private Provider be used for both services pursuant to Section 553.791(2), Florida Statutes.

I, _____
the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Innovative Construction Inspection

Private Provider: Rune Lero

Address: 1324 Seven Springs BLVD Suite 301, New Port Richey FL 34655

Telephone: 888-820-1180 Fax: _____

Email Address (Optional): support@sjursolutions.com

Florida License Registration or Certificate #: BU 1083

I have elected to use one or more Private Providers to provide building code plan review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local Building Official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plan review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance, and am satisfied that my interests are adequately protected. I agree to indemnify, defend and hold harmless the local government, the local Building Official, and the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make changes to the listed Private Providers or the services to be provided by those Private Providers, I shall, within one (1) business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the Private Provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

The following items are required as attachments to this Notice:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of Insurance for professional and comprehensive liability in the amount of \$1 million per occurrence and \$2 million in aggregate for any project with a construction cost of \$5 million or less, and \$2 million per occurrence and \$4 million in aggregate for any project with a construction cost of over \$5 million.

Individual

Corporation

Partnership

 (Signature)

 (Print Name)

Address: _____

 Telephone: _____

 Print Corporation name

 (Signature)

 (Print Name)

Address: _____

 Telephone: _____

 Print Partnership Name

 (Signature)

 (Print Name)

Address: _____

 Telephone: _____

Please use appropriate Notary block

STATE OF _____

COUNTY OF _____

Individual

Before me, this ____ day of _____, 20____, personally appeared _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this ____ day of _____, 20____, personally appeared _____, a **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this ____ day of _____, 20____, personally appeared _____, a partner/agent on behalf of _____ a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes corporation therein expressed.

____ Personally known or ____ Produced Identification Identification Type/Number _____

Notary Signature: _____ Printed Name of Notary: _____

My commission expires: _____ Stamp



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**Private Provider Duly
Authorized Representative/
Private Provider Affidavit**

This affidavit is required pursuant to the City of St. Petersburg Private Provider Alternative plan review and inspection registration program.

I _____ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791.

DULY AUTHORIZED REPRESENTATIVES:

Name	License/Certificate #
Rune Lero	BU 1083
Timothy J Moore	BU 252
Paul Cameron	BN4156
David Lero	BN7830

Signature of Private Provider

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day _____, 20____, by _____ who is personally known or produced identification; type of ID produced _____.

Signature

Print Name

(Notary Stamp)