



### Notice to Building Official of Use of Private Provider

Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Services to be provided: **Plans Review**  **and/or Inspections**

*Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.*

***If private provider plan review is performed all required inspections must also be performed by the private provider as well. All Electrical Service and Temporary Power, Inspections will be completed by City of Stuart Electrical Inspector's and notification to FP&L will only be made by the City of Stuart Staff, once approved.***

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, INC

Qualifier for Private Provider: Rune Lero

Address: PO Box 92 Elfers FL 34680

Telephone: 727-233-7794 Fax: \_\_\_\_\_

Email Address: Inspections@ici.work

Florida License, Registration or Certificate #: BU1083

I have elected to use one or more private providers to provide building code plans 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, plans 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 their 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 Florida Statutes Section 553.791. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 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, FEMA requirements, or other codes.

Fee Owner: \_\_\_\_\_

**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 I.D. \_\_\_\_\_

TYPE OF ID PRODUCED \_\_\_\_\_

SIGN: \_\_\_\_\_

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