

Notice to Building Official Use of Private Provider



Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____

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

I _____ (fee owner):

____ (Initial or N/A) Affirm I have entered into a contract with the private provider indicated below to provide the construction services for project indicated above.

____ (Initial or N/A) Acknowledge the tenant has entered into a contract with the private provider indicated below to provide the construction services for project indicated above.

Private Provider Firm: _____

Address: _____

Telephone: _____

Email: _____

Florida License, Registration or Certificate Number: _____

____ (Initial or N/A) **As the fee owner I have elected:**

____ (Initial or N/A) **As the fee owner I acknowledge the tenant has elected:**

To use one or more private providers to provide building code plans 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 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 their charge pursuant to the standards established by s.553.791. Florida Statutes. If any changes to the listed private providers or the services to be provided by those private providers are made, within 1 business day after any change or within 2 business days before the next scheduled inspection, an update of this notice to reflect such changes must be provided. 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 attachments are provided as required.

- 1) Qualification statements and/or resumes of the private providers 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 the aggregate for any project with a construction cost of \$5 million or less, and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million, relating to all services performed as a private provider. For detailed current requirements, refer to FS Section 553.791 (17).

For an acknowledgment in an individual capacity:

Signature _____
Print Name _____
Street Address: _____
City/State/Zipcode _____
Phone with Area Code: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____ (name of person acknowledging).
(Seal)

Personally known: _____
OR Produced Identification: _____ Type of Identification Produced: _____

Signature of Notary Public
Print, Type/Stamp Name of Notary

For an acknowledgement in a corporation capacity:

Signature _____
Print Name _____
Street Address: _____
City/State/Zipcode _____
Phone with Area Code: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____ (name of officer or agent) an authorized signer as _____ (title of officer or agent) of _____ (name of corporation) on behalf of the corporation.
(Seal)

Personally known: _____
OR Produced Identification: _____ Type of Identification Produced: _____

Signature of Notary Public
Print, Type/Stamp Name of Notary

For an acknowledgement for a partnership capacity:

Signature _____
Print Name _____
Street Address: _____
City/State/Zipcode _____
Phone with Area Code: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____ (name of acknowledging partner or agent), a partner on behalf of _____ (name of partnership), a partnership.
(Seal)

Personally known: _____
OR Produced Identification: _____ Type of Identification Produced: _____

Signature of Notary Public
Print, Type/Stamp Name of Notary