



**FEE OWNER AUTHORIZATION
for Contractor to Engage in
Private Provider Services pursuant to
553.791, Florida Statute**

The “Warranty Deed/Fee Owner”, identified below, hereby authorizes the “Contractor”, identified below, to contract with a “Private Provider”, identified below, for Alternative Plans Review and/or Inspection Services, pursuant to 553.791, Florida Statute. The law requires minimum insurance requirements for such personnel, but I (fee owner) 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. Furthermore, I agree to indemnify, defend, and hold harmless Sarasota County government, the local building official, and their building code enforcement personnel from any and all claims arising from the use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of this permit application.

Private Provider Firm: _____

Private Provider Address: _____

Private Provider Phone: _____ Email: _____

Private Provider: _____

Florida License, Registration, or Certificate #: _____

Fee Owner Name: _____

Fee Owner Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this ____ day of _____, 20 ____, by _____
(Name of Person Making Statement)

____ Personally known or ____ Produced identification _____
(Type of Identification produced)

By _____
(Notary Public – State of Florida)