City of Hialeah
Building Department
501 Palm Avenue, 2nd FL, Hialeah, FL 33010
(305) 883-5825 Fax: (305) 883-8082
www.hialeahfl.gov

Notice to Building Official of Use of Private Provider

Project Name:_____

Site Address:_____

Folio #: _____

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 or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

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

Private Provider: Rune Lero

Address: 1324 Seven Springs Blvd suite 301 NPR FL 34655

Telephone: 727-233-7794 Fax:_____

Email Address (Optional): 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

s. 553.791, Florida Statutes. 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 or other codes.

The following attachments are provide as required:

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 relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

(Please notarize using the appropriate section below)

INDIVIDUAL **By: _____ (signature)** **Print Name: _____**

STATE OF FLORIDA, COUNTY OF MIAMI DADE
Sworn to (or affirmed) and subscribed before me this _____day of _____ 20_____,
by_____

X_____ _____
Notary Signature **Notary Stamp or Seal**

Personally Known or Produce Identification Type of I.D. Produced: _____

CORPORATION **PRINT CORPORATION NAME:**

By: _____ (signature) **Print Name: _____**

STATE OF FLORIDA, COUNTY OF MIAMI DADE
Sworn to (or affirmed) and subscribed before me this _____day of _____ 20_____,
by_____

X_____ _____
Notary Signature **Notary Stamp or Seal**

Personally Known or Produce Identification Type of I.D. Produced: _____

PARTNERSHIP **PRINT PARTNERSHIP NAME:**

By: _____ (signature) **Print Name: _____**

STATE OF FLORIDA, COUNTY OF MIAMI DADE
Sworn to (or affirmed) and subscribed before me this _____day of _____ 20_____,
by_____

X_____ _____
Notary Signature **Notary Stamp or Seal**

Personally Known or Produce Identification Type of I.D. Produced: _____