

## **Notice to Building Official**

City of New Port Richey Development Department City Hall, 5919 Main Street, 1<sup>st</sup> Floor New Port Richey, FL 34652 Phone: (727) 853-1047 Fax: (727) 853-1052

Permit #
Date Received:

## **REFERENCE**

Florida State Statute 555.791(4)	
PROJECT INFORMATION	
Project Address:	Project Folio No.:
Fee Owner Name (Printed):	
Plan Review Only Inspections On	ly Plan Review and Inspections
PRIVATE PROVIDER FIRM	
Name of Firm:	
Business Address:	
Office Phone:	Fax:
PRIVATE PROVIDER QUALIFIER	
Name of Qualifier:	
Office Phone:	Cell Phone:
Email:	
PLEASE LIST DULY AUTHORIZED REPRESENTATIV	VES IN TABLE BELOW
Name	Licence No.

Policy Effective Date: September 5, 2019



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## PRIVATE PROVIDER ACKNOWLEDGMENT

TRIVITE TROVIDER NORTO WEEDONELVI		
ected to use one or more Private Providers to provide ture that is the subject of the enclosed permit application, as lding official may not review the plans submitted or perform codes, except to the extent specified in said law. Instead, d or certified personnel identified in the application. The law d that I may require more insurance to protect my interests.		
Signature of Fee Owner of Property		
Signature of Notary Public – State of Florida		
Printed or Typed Name of Notary Public		
c		

Policy Effective Date: September 5, 2019