



Private Provider  
Notice to Building Official

Updated 5/31/2023

**NOTICE TO BUILDING OFFICIAL FOR USE OF PRIVATE PROVIDER**

City of Tampa Permit No: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Folio No: \_\_\_\_\_

Fee Owner Name (Printed): \_\_\_\_\_

Services to be provided (select all that apply):

Plan Review Only

Inspections Only

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: \_\_\_\_\_

# Notice to Building Official

## For Use of Private Provider

### ACKNOWLEDGEMENT

I, \_\_\_\_\_, have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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 the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code plan review and/or inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

\_\_\_\_\_  
Printed or Typed Name of Fee Owner of Property

\_\_\_\_\_  
Signature of Fee Owner of Property

AFFIX  
NOTARY  
SEAL

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by  
means of  physical presence or  online notarization,  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

by \_\_\_\_\_.  
(Name of person making statement)

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: \_\_\_\_\_