



## BUILDING DIVISION

### Private Provider Notice to Building Official

Project Name: \_\_\_\_\_

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

**Note: When using a Private Provider, and pursuant to Section 553.791(2) Florida Statute, it is required by the Building Official that the Private Provider be used for both plan review and inspections.**

I, \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct plan review and inspections.

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Florida License, Registration or Certificate #: \_\_\_\_\_

I have elected to use one or more Private Providers to provide building code plan review and 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 City of Punta Gorda 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, plan review and 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 City of Punta Gorda, the City of Punta Gorda Building Official, and the City of Punta Gorda 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.

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 plan review and 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.

**Use of Private Provider – Notice to Building Official**

**Signature Page**

The following items are required as attachments to this notice:

- 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 and \$2 million in aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in aggregate for any project with a construction cost of over \$5 million. This must include tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Fee Owner Individual**

**Fee Owner Corporation**

**Fee Owner Partnership**

\_\_\_\_\_  
Print Corporation Name

\_\_\_\_\_  
Print Partnership Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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Telephone:

**Please use appropriate Notary block**

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

**Individual**

**Corporation**

**Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ a partner/agent on behalf of \_\_\_\_\_, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally Known \_\_\_\_\_

Produced as Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name

Notary Seal

\_\_\_\_\_  
My Commission Expiration Date