

Private Provider – Notice to Building Official

Project Name: _____

Parcel Tax Id: _____

Services to be provided:

_____ **Plan Review** and/or _____ **Inspections** _____ **Inspections determined by Collier County**
(If plan review is selected, inspection checklist must be provided by the Private Provider.)

Note: The fee owner may elect to use a private provider to provide plans review or required building inspections, or both. If the notice applies to plan review services, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to s. 553.791(2), Florida Statutes. If private provider plan review is performed, all required inspections must also be performed by the private provider.

All Electrical Service, including temporary power 500, 503, 504 & 505, Electrical Inspections will be completed by Collier County Electrical Inspector's and notation to all serving utilities will only be made by the Collier County Building Review Staff, once approved.

I _____, the fee owner, affirm I have entered into a contract with the Private Provider, indicated below, to conduct the services indicated above. This notice is valid for the life of the primary permit.

Private Provider Firm: _____

Private Provider Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email Address: _____

Florida License, Registration or Certificate #: _____

Optional: initials I acknowledge this Notice to Building Official can be applied to subsequent permits associated with the primary permit for the above referenced Parcel Tax Id.

The following documents are to be submitted with building permit application, as required:

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.

1. [Inspection Checklist](#), for all trades, if not using County selected inspections. **Required for plan review.**
2. [Plan Compliance Affidavit](#), signed & notarized. **Required for Plan review.**
3. [Private Provider Spot Survey Affidavit](#), signed & notarized, if spot survey required.
4. [Contractor Spot Survey Affidavit](#), signed & notarized, if spot survey is required.
5. **Private Provider must submit signed and sealed plans** when required by the *Florida Building Code* per Collier County Building Blocks/Bulletins for the type of construction or project being built.

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure 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 or structure 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 or within 2 business days before the next scheduled inspection, update the notice to reflect such changes. The building plans review and/or inspection services provided by the private provider are limited to building code compliance and does not include review for fire code, land use, environmental, FEMA requirements or other codes.

Check ONE Section Below

INDIVIDUAL _____ **CORPORATION** _____ **PARTNERSHIP** _____

Name of Individual or Fee Owner, Corporation, or Partnership: _____
Address: _____
Name of Agent, Authorized Signatory: _____
Phone: _____
Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this: _____ day of _____, 20_____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license _____
- Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial
Notary