

PRIVATE PROVIDER SUBMITTAL CHECKLIST



- Notice to Building Official for Use of Private Provider (attached)

- Contract with owner

- Proof of Insurance** (Town of Hillsboro Beach Building Department as the certificate holder)

- Special Inspector Form (attached)

- Private Provider Plan Reviewer/Inspector(s) certification

- Private Provider Plan Compliance Affidavit (use one for each discipline, attached)

- Private Provider Certificate of Compliance (attached)



Notice to Building Official of Use Private Provider

Project name: _____

Site address: _____

Private Provider Firm: _____

Qualifier for Private Provider: _____

Address: _____

Telephone: _____

Email Address: _____

Florida License or Certificate# _____

I have elected to use one or more private providers to provide Building Code

Inspection OR plan review services (10% permit fee discount)

Plan review & inspection services (15% permit fee discount)

as authorized by 553.791 Florida Statute. I understand that the local building department may not review the plans submitted or perform the inspections to determine code & plan compliance. This will be done by the private provider.

By executing this form, I agree to indemnify, defend, and hold harmless the local government, Building Department, and Building Official from any and all claims arising from my use of private providers in the plan review & inspection services with respect to the building or structure that is the subject of the enclosed permit.

I understand the Building Official retains authority to review plans, make required inspection, and enforce the applicable codes within his or her charge pursuant to the standards established by Florida Statutes Section 553.791. If I make any changes to the

listed private providers or the services to be provided by those private providers, I shall, within one business day after change update this notice to reflect 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, zoning, engineering, environmental, FEMA requirements or other codes. Therefore, the 20 business days limitation after receipt of a permit application prescribed by 553.791 Sec (7)(a) for issuance of a permit will not include such review(s).

As a private provider, I will comply with the insurance coverage for professional liability requirements described in 553.791(16). The law requires minimum insurance requirements for private providers, but I understand that I may require more insurance to protect my interests.

I understand that all required inspections identified by the Building Official are to be called in for same day as private provider inspections are scheduled. Private Provider to supply copy of inspection report to the Building Department within 2 business days after inspection. Reports must be posted on the jobsite.

Qualifier's Signature

Print Qualifier's Name

FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____
PROJECT NAME: _____
JOB ADDRESS _____ ZIP _____
LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance) *
*unless noted otherwise on planYes No
- 3) Connections – 110.10.2.3.....Yes No
- 4) Metal System Buildings – Section 110.10.2.4Yes No
- 5) Smoke Control Systems – Section 110.10.2.5Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
Critical Structural Connections – Section 110.10.1.1Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1Yes No
- 3) Pile Driving Only – Section 110.10.1.1Yes No
- 4) Precast Concrete Units – Section 110.10.2.1Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2.....Yes No
- 6) Other.....Yes No

C. MANDATORY DOCUMENTATION

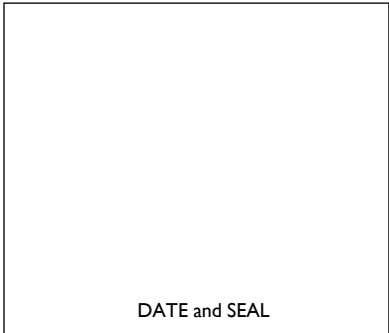
- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Permit Holder's Signature: _____ Date: _____
Printed Name: _____
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: Registered Architect and/or Licensed Engineer

Signature of Special Building Inspector: _____
Printed Name of Special Building Inspector: _____
Address of Special Building Inspector: _____



State of Florida Registration # _____ Telephone # _____ Email _____

_____ Date: _____
Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE



**FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)**

Town of Hillsboro Beach Addendum

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Sections 110.10, of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____

BUILDING PERMIT #: _____

PROJECT NAME: _____

JOB ADDRESS: _____

FOLIO #: _____

Description of inspections to be covered (attach additional sheet if needed):

Permit Holder's Signature: _____

Printed Name: _____

SPECIAL BUILDING INSPECTOR: _____
Signature of Special Building Inspector, Embossed Seal AND Date

Printed Name of Special Building Inspector

Address of Special Building Inspector

State of Florida Registration #

Telephone # _____



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

(Request for Certificate of Occupancy)

Florida Statutes 553.791 (11)

Project Name: /Address: _____

Permit number: _____ Folio number: _____

Private Provider Firm: _____

Business Address: _____

Telephone: _____

Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

- Checkboxes for Certificate of Occupancy, Temporary Certificate of Occupancy (TCO), Certificate of Completion, and Certificate of Occupancy Partial.

Private Provider Qualifier's signature: _____

Florida License Number: _____

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of [] Physical Presence or [] Online Notarization,

this ___ day of ___, ___, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

- Checkboxes for Personally Known and Produced Identification.

Place Notary Seal Stamp Above

Type of Identification Produced: _____



Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider License#: _____

Email: _____

Permit Number: _____

I hereby certify to the best of my knowledge and belief the plans submitted were reviewed are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Reviewer Name: _____ Plan sheets #(s): _____

Florida License/Registration/Certification #: _____

Reviewer's signature

Print reviewer's name

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization,

this _____ day of _____, _____, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 1, 2025
61G20-2.005, F.A.C.

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I _____, the
 fee owner / fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

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 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 prevention, firesafety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Corporation

Print name

Print name

Address (line 1)

Representative name

Address (line 2)

Address (line 1)

Telephone Number

Address (line 2)

Email Address

Telephone Number

Email Address

Signature

Date

Signature

Date