

## Notice to Building Official of Use of Private Provider

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

Parcel Tax ID \_\_\_\_\_

Services provided:                      Plans Review \_\_\_\_\_                      Inspections \_\_\_\_\_                      Structural \_\_\_\_\_  
   Electrical \_\_\_\_\_                      Plumbing \_\_\_\_\_                      HVAC \_\_\_\_\_                      Roof \_\_\_\_\_  
   Irrigation \_\_\_\_\_                      Gas \_\_\_\_\_

**NOTE:** If the notice applies to private plan review, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.792 (2) (a).

I, \_\_\_\_\_,  
the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm \_\_\_\_\_ Innovative Construction Inspection Inc. \_\_\_\_\_

Private Provider \_\_\_\_\_ Rune Lero \_\_\_\_\_

Address \_\_\_\_\_ 1324 Seven Springs BLVD, New Port Richey, FL, 34655 \_\_\_\_\_

Telephone \_\_\_\_\_ 888-820-1180 \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Rune.lero@ici.work \_\_\_\_\_

Florida License, Registration or Certificate # \_\_\_\_\_ BU1083 | PX1131 | BN2284 | CBC047789 \_\_\_\_\_

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 553.791 (2) (a), 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 the 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 interest 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.

If the fee owner or fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers. The fee owner or fee owner's contractor shall, within one (1) 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 is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

The following attachments are required:

1. Qualifications of the private provider and all duly authorized representatives.
2. Proof of insurance for professional liability as specified in section 16 of the Private Provider requirements for each building project.

Please use appropriate notary block

Individual	Corporation	Partnership
_____ Signature	_____ Print Corporation name	_____ Print Partnership name
_____ Print name	BY: _____ (Signature)	BY: _____ (Signature)
_____ Address	_____ Print name	_____ Print name
_____ Telephone #	Its: _____	Its: _____
STATE OF _____ COUNTY OF _____	_____ Address	_____ Address
_____ Telephone #	_____ Telephone #	_____ Telephone #
Before me, this _____ day of _____, 20____, personally appeared _____	STATE OF _____ COUNTY OF _____	STATE OF _____ COUNTY OF _____
_____ 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, 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 _____ 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.

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

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