



**FEE OWNER AUTHORIZATION  
for Contractor to Engage in  
Private Provider Services pursuant to  
553.791, Florida Statute**

The “Warranty Deed/Fee Owner”, identified below, hereby authorizes the “Contractor”, identified below, to contract with a “Private Provider”, identified below, for Alternative Plans Review and/or Inspection Services, pursuant to 553.791, Florida Statute. The law requires minimum insurance requirements for such personnel, but I (fee owner) 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. Furthermore, I agree to indemnify, defend, and hold harmless the City of Sarasota government, the local building official, and their building code enforcement personnel from any and all claims arising from the 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 this permit application.

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

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

Private Provider Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Fee Owner Name: \_\_\_\_\_

Fee Owner Signature: \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_ Personally known or \_\_\_\_ Produced identification \_\_\_\_\_  
(Type of Identification produced)

By \_\_\_\_\_  
(Notary Public – State of Florida)