

Notice to Building Official of Use of Private Provider

Site Address:

Street	City	State	Zip Code
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Services to be Provided:

Plan Review Inspections

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 inspection and plan review services pursuant to Section 553.791(2) Florida Statutes.

Private Provider Firm:

Private provider Firm Name

Street	City	State	Zip Code
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Email Address	Phone Number
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Private Provider:

First and Last Name

Florida License, Registration or Certificate Number

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand 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 plan 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 that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review my plans, perform required inspections, enforce the applicable codes within his or her charge pursuant to standards established by s. 553.791, Florida Statutes. If I make 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 plans review and/or inspections services provided by the private provider is limited to building code compliance and does not include review for fire code, land development, zoning, natural resources, environmental, or other codes.

The designated private provider is required to register with Contractor Licensing.

Fee Owner Information:

Fee Owner First Name	Last Name		

Street	City	State	Zip Code
_____		_____	
Email Address	Phone Number		
_____		_____	
Fee Owner Signature (Sign before public notary)		Date	

Subscribed and sworn to before me, by physical presence _____, or online notarization _____,
this _____ day of, _____, 20 _____, personally appeared
_____, who is personally known to me or produced
_____ as identification, and who did/did not take an oath.

Seal:

Notary Public Signature