**Town of Sewall's Point Building Department**
One South Sewall's Point Road
Sewall's Point, Florida 34996
Ph: 772-287-2455

# (F.S. 553.791) NOTICE TO BUILDING OFFICIAL FOR THE USE OF PRIVATE PROVIDER

Permit Number:_____ Project Name:_____ Parcel ID: _____

Property Address: _____

## To be completed by the owner:

Services to be provided: ☐ Inspections ☐ Plan Review and Inspections

*I_____, fee simple owner (or authorized agent) of the above referenced property, hereby affirm that I have entered into a contract with the Private Provider Firm identified below to conduct the services indicated above.*

Private Provider Firm: Innovative Construction Inspection, INC Ph: 727-233-7794

Address: 1324 Seven Springs Blvd suite 301 NPR FL 34655 Email: Inspections@ici.work

Private Providers' Name: Rune Lero Florida License # (PE, AR, BU or BN): BU1083

## To be completed by the Private Provider:

*I,_____, do hereby affirm that the Duly Authorized Representatives listed below are my employees, and are entitled to receive reemployment assistance benefits under chapter 443 as required by FS 553.791 (8).*

Please provide the minimum requirements for insurance: **F.S Section 553.791(16)**

- Professional liability of $1 million per occurrence and $2 million in the aggregate for project cost of $5 million or less.
- Professional liability of $2 million per occurrence and $4 million in the aggregate for project cost over $5 million.

***Duly Authorized Representative(s):***

Name:_____ ☐ Bldg ☐ Electrical ☐ Mechanical ☐ Plumbing License #: _____

Name:_____ ☐ Bldg ☐ Electrical ☐ Mechanical ☐ Plumbing License #: _____

Name:_____ ☐ Bldg ☐ Electrical ☐ Mechanical ☐ Plumbing License #: _____

Name:_____ ☐ Bldg ☐ Electrical ☐ Mechanical ☐ Plumbing License #: _____

| **Property Owner** | **Private Provider** |
|---|---|
| _____ Print Name | _____ Print Name |
| _____ Signature | _____ Signature |
| _____ Notary Public, State of Florida | _____ Notary Public, State of Florida |
| State of Florida, County of _____ | 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 _____ who is personally known to me or has produced _____ as identification. | The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this_____day of_____, 20_____, by _____ who is personally known to me or has produced _____ as identification. |
| [NOTARIAL SEAL] | [NOTARIAL SEAL] |