



# Private Provider

## Form D: Notice to Building Official

F.S. 5553.791(4)

**Services to be provided (select one):**

Plans Review and Inspections\*

Inspections Only

\*Pursuant to F.S. 5553.791(4): The City of Orlando does not allow the use of Private Providers for plans review only.

Permit number: \_\_\_\_\_

Project name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Private Provider (Qualifying Agent): \_\_\_\_\_ FL Lic. #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Affirmation:** I, (name) \_\_\_\_\_ as the (select one): [  Fee owner (individual) of the property referenced above, or  Authorized signatory of the fee owner (provide title below), or  Fee owner's contractor, or  Fee owner's tenant (lessee), or  Tenant's contractor] hereby affirm that I have entered into a contract with the Private Provider firm identified above to conduct the building code inspection services specified herein, and:

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.

(2) 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.

(3) I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

**(SELECT ONE):**  Signed by Individual  Signing for Corporation  Partnership  Trust

Print name: \_\_\_\_\_ Business name: \_\_\_\_\_

Signature: \_\_\_\_\_ By (name): \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me the same was executed for the purposes therein expressed.

Personally known  Produced identification  Type of ID produced: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Print name: \_\_\_\_\_ (NOTARY PUBLIC SEAL)



# Private Provider

## D-2: Notice to Building Official

### OWNER'S AUTHORIZATION TO USE PRIVATE PROVIDER

F.S. §553.791(4)

This is required whenever a property owner grants authority to their tenant or general contractor to use a Private Provider for building code inspection services in lieu of the City of Orlando Permitting Services Division. Specifically, this includes authorization to sign and submit the Notice to Building Official (NTBO). This form must be submitted together with the NTBO. NOTE: If Authorized Signatures cannot be verified through FL Division of Corporations (sunbiz.org), submit corporate documents.

Property address: \_\_\_\_\_

Select one of the following:

- 1) Fee Owner: \_\_\_\_\_  Individual
- 2) Fee Owner\*: \_\_\_\_\_  Corporation  Partnership  Other

\*Authorized Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Authorization: I, (name) \_\_\_\_\_, the Owner (or Authorized Signatory) as described above, hereby authorize the following person\* to file the Notice to Building Official (NTBO) in accordance with F.S. §553.791(4), and use a Private Provider for building code inspection services in connection with the project described below:

Permit number (if applicable): \_\_\_\_\_

Description of Work: \_\_\_\_\_

\*Authorized Person: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I declare under penalty of perjury that I am the fee owner for the address listed above and I personally filled out the above information and certify its accuracy.

Fee Owner/Authorized Signatory: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

My Commission Expires: \_\_\_\_\_

Signature of Notary Public

Print Name

(NOTARY SEAL)