



NOTICE TO BUILDING OFFICIAL FOR USE OF PRIVATE PROVIDER

The building plans review and/or inspection services provided by the Private Provider is limited to building code compliance and does not include the applicable review for fire protection and fire safety codes, site work, public works, land use, zoning, floodplain, environmental and architectural (ARB), or other codes.

Building Permit No: _____ Project Name: _____

Parcel Tax ID: _____ Address of the Structure: _____

Owner's Name: _____

Owners Address: _____

Description of the Work: _____

Code edition used: _____

Use and Occupancy classification (FBC Chapter 3): _____

Type of construction (FBC Chapter 6): _____

Design Occupant Load: _____

Fire sprinkler system Code required Yes No Fire sprinkler system included Yes No

Private Provided Services to be provided: Inspections Plan Review

NOTE: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791 (2) Florida Statute.

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

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Email Address (Optional): _____

Florida License, Registration or Certificate #: _____

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 the subject of the enclosed permit application, as authorized by s. 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. 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 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 plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed 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 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 provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years after the performance of building code inspection services.

(Please notarize using the appropriate section on the following page)



Individual: By: _____ (signature) Print Name: _____
Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____,
personally appeared _____, who executed the foregoing instrument, and
acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____
Signature of Notary: _____ Print Name _____

Notary public stamp: _____ My commission expires: _____

Corporation: Print Corporation Name: _____

By: _____ (signature) Print Name: _____
Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____,
personally appeared _____, who executed the foregoing instrument, and
acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____
Signature of Notary: _____ Print Name: _____

Notary public stamp: _____ My commission expires: _____

Partnership: Print Partnership Name: _____

By: _____ (signature) Print Name: _____
Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____,
personally appeared _____, who executed the foregoing instrument, and
acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____
Signature of Notary: _____ Print Name: _____

Notary public stamp: _____ My commission expires: _____