



Notice to Building Official of Use of Private Provider Per Florida Statute 553.791

Permit # _____ - _____

Project Name: _____

Project Address: _____

Services to be provided: Plans Review _____ Inspections _____

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 into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

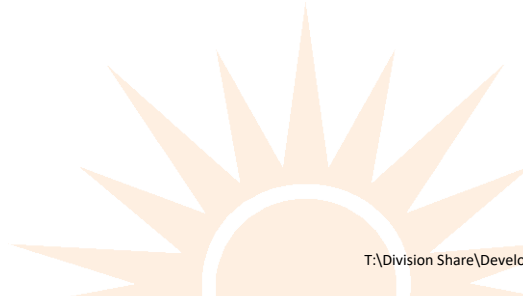
Telephone: _____ Fax: _____

Florida License, Registration or Certificate #: _____

****Copy of Broward County Board of Rules and Appeals certification required for all inspectors and plans reviewers****

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

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 FSS 553.791. If I make any 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 inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environment 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:** A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

Print Name of corporation or Partnership: _____

By: _____
SIGNATURE OF INDIVIDUAL OR ON BEHALF OF THE STATE CORPORATION OR A PARTNERSHIP

Print Name: _____

Address: _____

Telephone Number: _____

State of Florida
County of _____

Before me, this _____ day of _____, 20____

Personally appeared _____

Check One:

- _____ as an individual;
- _____ as officer on behalf of the state corporation,
- _____ as a partner of the partnership,

who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____; Produced Identification _____,

Type of Identification: _____

Signature of Notary

Print Notary's Name

My commission expires: _____

NOTARY PUBLIC SEAL/STAMP

Received & Approved by:

Date: _____



INSPECTOR/PLANS EXAMINER CONTACT INFORMATION

STRUCTURAL	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	

ELECTRICAL	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	

****Broward County Board of Rules & Appeals certification is required. Provide copy of certification.**



PLUMBING

NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	

MECHANICAL

NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	
NAME:	
STATE LICENSE NUMBER: **	
EMAIL ADDRESS:	
OFFICE PHONE NUMBER:	
CELL PHONE NUMBER:	

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