Form # 9B-3.053-2002-01 Notice to Building Official of Use of Private Provider

Effective January 20, 2003 Revised July 1, 2021.

Project Name:			-
Parcel Tax ID:			
Services to be provided:	Plans Review	Inspections	_
	e, at his or her discretion, the	review or private inspection services the Building e private provider be used for both services pursuan	
I			, the fee
owner, affirm I have entere indicated above.	ed into a contract with the Pr	rivate Provider indicated below to conduct the servi	ices
Private Provider Firm:			
Private Provider:			
Address:			
Telephone:			
Email Address:			
Florida License, Registration	on 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 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 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 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, 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 subsequent to the performance of building code inspection services.

Individual	Corporation	Partnership	
	Print Corporation Name	Print Partnership Name	
(signature)	By:(signature)	By:(signature)	
Print (Signature)	Print (Signature)	Print (Signature)	
Name:	Name:	Name:	
Address:	Its:	Its:	
	Address:	Address:	
Telephone			
No.:			
	Telephone	Telephone	
	No	No.:	
Please use appropriate notary block.			
STATE OF			
COUNTY OF			
Individual	Corporation	Partnership	
	Before me, thisday of		
Before me, thisday of, 20, personally		Before me, thisday of, 20,	
appeared	personally appeared	personally appeared	
who executed the foregoing instrument,	of	partner/agent on behalf of	
and acknowledged before me that same	, a	partner/agent on behalf of	
was executed for the purposes therein	corporation, on		
expressed.	behalf of the state corporation, who	a partnership , who executed the	
	executed the foregoing instrument and acknowledged before me that same was	foregoing instrument and	
	executed for the purposes therein	acknowledged before me that same was executed for the purposes therein	
	expressed.	expressed.	
Personally known; or Produced identif	ication Type of identification produced		
Signature of Notary	Print Name		
Notary Public: NOTARY STAMP BELOW			

My commission expires: