



**Notice to Building Official of
Use of Private Provider**

Project Name: _____

Parcel Tax ID: _____

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 or my contractor 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: _____

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 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 items have been provided with the private provider's registration as required:

1. Private provider registration form.
2. Copies of licenses of all duly licensed personnel.
3. Copy of liability insurance as required by 553.791 Florida Statutes.

Individual

 (signature)
 Print
 Name: _____
 Address: _____

 Telephone
 No.: _____

Corporation

 Print Corporation Name
 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Partnership

 Print Partnership Name
 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 who executed the foregoing instrument,
 and acknowledged before me that same
 was executed for the purposes therein
 expressed.

Corporation

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 _____ **corporation**, on
 behalf of the state corporation, who
 executed the foregoing instrument and
 acknowledged before me that same was
 executed for the purposes therein
 expressed.

Partnership

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 a **partnership**, 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 identification produced _____

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires: