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 Buildin e private provider be used for both services pursu	
I			. the fe
owner, affirm I have entere indicated above.	d into a contract with the Pr	rivate Provider indicated below to conduct the ser	rvices
Private Provider Firm: _INN	OVATIVE CONSTRUCTION INS	SPECTIONS INC	
Private Provider: _RUNE LE	RO		
Address: _1324 SEVEN SPR	INGS BLVD, SUITE 301, NEW F	PORT RICHEY, FL 34655	
Telephone: _(727)-233-7794			
Email Address: _INSPECTION	NS@ICI.WORK		

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.

Florida License, Registration or Certificate #: **BU1083**

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.

Personally known; or Produced identificat	ionType of identification produced	
Signature of Notary	Print Name	
Notary Public: NOTARY STAMP BELOW		
My commission expires:		

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