



City of Port St. Lucie Building Department
 121 S.W. Port St. Lucie Blvd., Port St. Lucie, Fl. 34984
 Ph: 772-871-5132 www.cityofpsl.com/building

(F.S. 553.791)
NOTICE TO BUILDING
OFFICIAL FOR THE USE
OF PRIVATE PROVIDER

Permit Number: _____ Project Name: _____ Parcel ID: _____
 Property Address: _____

To be completed by the owner:

Services to be provided: Inspections Plan Review and Inspections

I, _____, fee simple owner (or authorized agent) of the above referenced property, hereby affirm that I have entered into a contract with the Private Provider Firm identified below to conduct the services indicated above.

Private Provider Firm: _____ Ph: _____

Address: _____ Email: _____

Private Providers' Name: _____ Florida License # (PE, AR, BU or BN): _____

To be completed by the Private Provider:

I, _____, do hereby affirm that the Duly Authorized Representatives listed below are my employees, and are entitled to receive reemployment assistance benefits under chapter 443 as required by FS 553.791 (8).

Please provide the minimum requirements for insurance: **F.S Section 553.791(16)**

- Professional liability of \$1 million per occurrence and \$2 million in the aggregate for project cost of \$5 million or less.
- Professional liability of \$2 million per occurrence and \$4 million in the aggregate for project cost over \$5 million.

Duly Authorized Representative(s):

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Property Owner

Private Provider

Print Name _____

Print Name _____

Signature _____

Signature _____

Notary Public, State of Florida

Notary Public, State of Florida

State of Florida, County of _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

[NOTARIAL SEAL]

[NOTARIAL SEAL]

Duly Authorized Representative (DAR)

This is a list of all DARs for Innovative Construction Inspection. Copies of the Department of Professional Regulation license certificates available.

Name:	FL License No:	Discipline
David Green	PBI2793	Residential
David Lero	BN7830	Building, Residential
David Wilcox	BN4653	Building, Mechanical, Plumbing
Derek Baker	BN6592	Building
Gary Brevoort	BN2827	Building, Residential
Glenn Hall	BN5324	Building, Plumbing
Glenn Rossi	PBI2690	Building
Neal Burdick	BN5527	Electrical
Paul Cameron	BN4156	Electrical
Robert Masula	BN6180	Building
Rune Lero	BN2284	Building, Residential
Russell Heiney	BN2944	Building, Mechanical, Plumbing
Taylor Bailey	BN8599	Building
Timothy Moore	BN1026	Building, Residential
Tony Giardino	BN4125	Building, Residential