

# CITY OF INVERNESS

Community Development Department  
212 W. Main Street • Inverness, FL 34450  
352-726-3401 • DDS@inverness.gov

## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Permit Number: \_\_\_\_\_

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Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Services to be provided: inspections only \_\_\_\_\_ Inspections & Plans Review \_\_\_\_\_

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: Innovative Construction Inspections, Inc.

Private Provider: Rune Lero

Address: 1324 Seven Springs Blvd Suite 301, New Port Richey, FL 34655

Telephone: 727-233-7794 Cell Phone: \_\_\_\_\_

Email Address: inspections@ici.work

Florida License, Registration or Certificate #: BU1083

I have elected to use one or more private providers to provide building code plan review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by § 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, plan 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 § 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 one (1) business day after any change, update this notice to reflect such changes. The building plan review and/or inspection services provided by the private provider is limited to compliance with the Florida Building Code and any local technical amendments to the Florida Building

**Code, but does not include review for fire code, land use, environmental, FEMA requirements or other codes.**

**The following items are required:**

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavits are signed and notarized, and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized.
3. Private Provider complete list of building inspections to be performed is attached (4 Pages).
4. Proof of Insurance required by Section 553.791(16) of the Florida Statutes.
5. The Private Provider shall schedule inspections one day prior to the inspection being performed. Inspection request can be by e-mail to [DDS@inverness.gov](mailto:DDS@inverness.gov). Please provide the approximate time inspections will be performed.

**NAME:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

- Acknowledgement as an Individual**
- Acknowledgement for a Corporation.**

**An officer of \_\_\_\_\_, a \_\_\_\_\_ corporation,  
on behalf of the corporation.**

- Acknowledgement for a Partnership.**

**A partner (or agent) on behalf of \_\_\_\_\_, a partnership.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

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

\_\_\_\_\_  
**Notary Public**

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**The following items are required:**

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavits are signed and notarized, and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of building inspections to be performed is attached (4-Pages).
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "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 a 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 coverage's required under this subsection are in force." The proof of insurance required by this section will be expected seven (7) days prior to the first inspection by the private provider firm.
5. The Private Provider shall notify the Building Official of inspection requests by using e-mail address at [DDS@inverness.gov](mailto:DDS@inverness.gov) prior to performing any inspections by the Private Provider on the permitted building structure(s).

\_\_\_\_\_  
**Initials**

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Forms approved by the Building Official are provided as part of this package and must be used for each event. **No substitute forms will be accepted.**

(Check Section Below)

**For an individual acting in his/her own right:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

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

\_\_\_\_\_  
**Notary Public**

**For a corporation:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

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

\_\_\_\_\_  
**Notary Public**

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For a partnership:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

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

\_\_\_\_\_  
**Notary Public**