



City of North Miami Beach, Florida

BUILDING DEPARTMENT

Form A.1

NOTICE TO BUILDING OFFICIAL

For the use of Private Provider

Florida Statutes §553.791

Rev. 07/01/2021

Project Name / Address: _____

Plan number: _____ Phased Permit? Yes No

Project address: _____ Parcel tax ID: _____

Services to be provided (select one): Inspections only Plans Review and Inspections*

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

I, _____, the fee owner of the property referenced above, 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: Innovative Construction Inspection, Inc.

Private Provider (Qualifier for the Firm): Rune Lero

Florida License or Registration number: _____

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

Telephone: 727-233-7794 Fax: _____ Email: inspections@ici.work

I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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 or structure that is the subject of the enclosed permit application.

I understand that 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 Section 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 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 by Section 553.791, Florida Statutes:

- 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 of building code inspection services.

(Please notarize using the appropriate section below)

Individual By: _____ (signature) Print name: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Print Name _____ Notary public stamp: _____ My commission expires: _____
--

Corporation Print Corporation Name: _____ By: _____ (signature) Print name: _____ Its: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, on behalf of the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Notary Stamp: _____ Print Name _____

Partnership Print Partnership Name: _____ By: _____ (signature) Print name: _____ Its: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, partner/agent on behalf of the partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Notary Stamp: _____ Print Name _____
--