

Notice to Building Official of Use of Alternative Provider

Project Name: _____

Parcel Tax I.D.: _____

Services to be Provided: Plans Review _____ Inspections _____

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: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address (Optional): _____

Florida License, Registration or Certificate No.: _____

I have elected to use one or more alternative 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 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.

Individual	Corporation	Partnership
	Print Corporation Name _____	Print Partnership Name _____
_____ (signature)	By: _____ (signature)	By: _____ (signature)
Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Telephone No.: _____	Telephone No.: _____	Telephone No.: _____

Please use appropriate notary block.

**STATE OF
COUNTY OF**

Individual	Corporation	Partnership
Before me, this _____ day of _____, 20__, personally appeared _____	Before me, this _____ day of _____, 20__, personally appeared _____ of _____, A Corporation,	Before me, this _____ day of _____, 20__, personally appeared _____ Partner/agent on behalf of _____
who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.	on behalf of the state corporation who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.	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:

Doc No. 1299138