



Construction Services & Permitting  
**Use of Private Provider  
Notice to Building Official**

December 2014

One Fourth Street North  
St. Petersburg, FL 33701  
(727) 893-7231

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

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

Services to be provided: \_\_\_\_\_ Plan Review \_\_\_\_\_ Inspections

Note: If the notice applies to either Private Provider plan review or Private Provider inspection services only, the Building Official may require, at his or her discretion, that the Private Provider be used for both services pursuant to Section 553.791(2), Florida Statutes.

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: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Florida License Registration or Certificate #: \_\_\_\_\_

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 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, 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 the 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 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 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 items are required as attachments to this Notice:

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 and \$2 million in aggregate for any project with a construction cost of \$5 million or less, and \$2 million per occurrence and \$4 million in aggregate for any project with a construction cost of over \$5 million.

**Individual**

**Corporation**

**Partnership**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Print Name)

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

\_\_\_\_\_  
 Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Print Corporation name

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Print Name)

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

\_\_\_\_\_  
 Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Print Partnership Name

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Print Name)

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

\_\_\_\_\_  
 Telephone: \_\_\_\_\_

Please use appropriate Notary block

**STATE OF** \_\_\_\_\_

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

**Individual**

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.

**Corporation**

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, a **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

**Partnership**

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, a partner/agent on behalf of \_\_\_\_\_ a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes corporation therein expressed.

\_\_\_\_ Personally known or \_\_\_\_ Produced Identification Identification Type/Number \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Printed Name of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Stamp