



Construction Services & Permitting
**Private Provider
Procedures**

Revised August 2012

1. A "Notice to Building Official of Use of Private Provider" form shall be submitted from the fee owner or fee owner's contractor giving the City of St. Petersburg notice of intent to use a Private Provider for plan review and/or inspections.
2. A "Duly Authorized Representative/Private Provider Affidavit" is to be submitted simultaneously with the "Notice to Building Official of Use of Private Provider." This should be accompanied by a Certificate of Insurance with a minimum policy limit 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.
3. When plan review is the service being provided (either alone or with inspection), the Private Provider will be required to submit a "Private Provider Compliance Affidavit" along with a "Plan Review Detail" form upon completion of plan review.
4. When inspection services are being provided (either alone or in conjunction with a plan review), the Private Provider will utilize the City's inspection request service online at <https://actionline.stpete.org/Click2GovBP/Index.jsp> or by phone at 727-893-4101. **Inspections will be scheduled at least 24 hours prior to the actual occurrence.** (Note: If scheduling online, the Private Provider will make a note that inspection is being done by Private Provider and leave contact information.)
5. The Private Provider is to post each completed inspection record at the project site indicating pass or fail before leaving said project site.
6. Within two (2) business days of the scheduled inspection, the Private Provider will submit a completed "Private Provider Inspection Report" form to the City of St. Petersburg. This form can be delivered by fax at 727-892-5447, by email to inspectionreports@stpete.org, or via courier to Construction Services & Permitting, 1 Fourth Street North, 1st Floor. (Note: This form SHOULD NOT be submitted more than once.)
7. Completed inspection reports will be entered into the City's computer system by Construction Services & Permitting within two (2) business days of receipt.
8. Upon completion of final inspections, the Private Provider will submit a "Certificate of Compliance" form to Construction Services & Permitting. This must be done prior to any requests for a Certificate of Occupancy by the Contractor. (It is the responsibility of the Private Provider to inform the Contractor when this form has been submitted to the City.)
9. The Private Provider will provide an Elevation Certificate after the lowest floor is completed, or in the instance where the structure is subject to the regulations applicable to coastal high hazard areas, after placement of the horizontal structural member of the lowest floor.



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



Construction Services & Permitting

**Private Provider Duly
Authorized Representative/
Private Provider Affidavit**

This affidavit is required pursuant to the City of St. Petersburg Private Provider Alternative plan review and inspection registration program.

I _____ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791.

DULY AUTHORIZED REPRESENTATIVES:

| Name | License/Certificate # |
|-------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of Private Provider

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day _____, 20____, by _____ who is personally known or produced identification; type of ID produced _____.

Signature

Print Name

(Notary Stamp)



Private Provider Inspection Report

October 2018

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

Project: _____ Date: _____

Job Address: _____ Permit No.: _____

Private Provider Firm: _____ Contractor: _____

Inspector's Name: _____ Lic/Reg No.: _____

BUILDING INSPECTIONS

| <u>Done</u> | <u>Inspection Type</u> |
|-------------|--|
| | 0096 Roof Final |
| | 0112 Footer |
| | 0115 Foundation |
| | 0120 Slab |
| | 0124 Vertical Steel |
| | 0125 Lintel/Tie Beam |
| | 0128 Sheathing |
| | 0129 Lathe |
| | 0130 Partial Framing (Commercial Only) |
| | 0131 Floor Framing |
| | 0135 Framing |
| | 0137 Firewall |
| | 0140 Insulation |
| | 0144 Rated Drywall |
| | 0149 Pool Rough-In |
| | 0150 Pool Steel |
| | 0196 Building Final |

INSPECTION RESULT:

APPROVED

REJECTED

Date: _____

Time: _____

Inspection Comments:

I hereby certify that to the best of my knowledge and belief the above listed inspections were performed as indicated, and the work was reviewed for compliance with the approved plans and all applicable building codes.

Signature of Inspector or Duly Authorized Representative

Date and Time of Inspection



Private Provider Trades Inspection Report

Project: _____ Date: _____

Job Address: _____ Permit Number: _____

Private Provider Firm: _____ Contractor: _____

Inspector Name: _____ Lic/Reg Num: _____

MECHANICAL

- 415 PARTIAL UNDER SLAB
- 420 UNDER SLAB
- 430 PARTIAL ROUGH IN
- 435 ROUGH IN
- 495 PARTIAL FINAL
- 496 FINAL

ELECTRICAL

- 210 TEMP SAWPOLE
- 220 SLAB/UNDERGROUND
- 230 PARTIAL ROUGH IN
- 235 ROUGH IN
- 250 POOL BOND
- 293 SERVICE ONLY
- 294 TEMP FOR TEST
- 295 PARTIAL FINAL
- 296 FINAL

PLUMBING

- 310 SEWER
- 310 UNDERGROUND UTILITIES
- 315 PARTIAL UNDER SLAB
- 320 UNDER SLAB
- 325 WATER SVC/UNDER GROUND UT
- 330 PARTIAL ROUGH IN
- 335 ROUGH IN
- 340 TUB OR SHOWER
- 395 PARTIAL FINAL
- 396 FINAL

GAS

- 510 PRESSURE TEST
- 515 PARTIAL UNDER SLAB
- 520 UNDER SLAB
- 530 PARTIAL ROUGH IN
- 535 ROUGH IN
- 550 MEDICAL GAS
- 595 PARTIAL FINAL
- 596 FINAL

Inspection Comments:

I hereby certify that to the best of my knowledge and belief, the above listed inspections were performed as indicated and the work was reviewed for compliance with the approved plans, and all applicable building codes.

- APPROVED**
- REJECTED**

Signature of Inspector/or Duly Authorized Representative

Date _____

Time _____



Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ Plan Sheets: _____

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____ being
(check one) personally known to me or produced identification (type of identification)
_____ and who being fully sworn and cautioned, state that the foregoing is true and
correct to the best of his/ her knowledge or belief.

Signature of Notary

Print Name

Notary Stamp

My Commission Expires: _____



Private Provider Plan Review Detail

This information must be provided simultaneously with the Provider Compliance Affidavit.

Project: _____ Date: _____
 Job Address: _____ Permit Number: _____
 Private Provider Firm: _____ Contractor: _____

This form should be completed in as much detail as possible

Building

Construction Type _____
 Occupancy Type _____
 Roof Type TL BT AS GL
 # of Stories _____
 # of Units _____
 General Description of Work: _____

Plumbing

of New Water Closets _____
 # of Changed Water Closets _____
 # of Bathtubs _____
 # of Showers _____
 # of Lavatories _____
 # of Water Heaters _____
 Sewer Line (in feet) _____
 Water Line (in feet) _____
 Other _____

Mechanical

New Install? Yes No
 Replacement? Yes No
 Package or Split Unit Pkg Split
 Size of Unit (in tons) _____
 # of Condensers _____
 # of Air Handlers _____
 Vertical or Horizontal _____
 # of Returns _____
 # of Supplies _____
 Heat Strip Size (in kw) _____
 Other _____

Electrical

New Service? Yes No
 Service Upgrade? Yes No
 Relocate Service? Yes No
 Temporary Sawpole? Yes No
 Fire Alarm? Yes No
 Security System? Yes No
 Data/Comm? Yes No
 Amperage to _____
 # of Meters _____
 # of Panels _____
 # of Altered Circuits _____
 # of New Circuits _____
 Other _____

Gas

Natural? Yes No
 Propane? Yes No
 New? Yes No
 Replacement? Yes No
 Equipment _____
 Piping _____
 venting _____
 Tank _____
 Type of Tank _____
 Other _____



Construction Services & Permitting
**Private Provider
Certificate of Compliance**

Revised October 12, 2018

Date: _____

Mr. Donald L. Tyre
Chief Building Official
City of St. Petersburg
One Fourth Street North
St. Petersburg, FL33701

Permit No.: _____

Address: _____

Dear Mr. Tyre:

In accordance with Florida Statute 553.791, Section 10 pertaining to Private Provider Inspection Services, we herewith provide the City of St. Petersburg Building Department with final disposition on the building components inspected under our authority.

I attest by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes:

| | | | |
|-------------|-----|----|-----|
| Building: | YES | NO | N/A |
| Mechanical: | YES | NO | N/A |
| Electrical: | YES | NO | N/A |
| Plumbing: | YES | NO | N/A |
| Gas: | YES | NO | N/A |

Should you require any additional information, do not hesitate to call us. We can be contacted via Phone No. _____.

Sincerely,