Community Development Department
Building Division

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"To exceed expectations in the delivery of public services"

For Office Use Only
PLANS EXAMINERS INITIALS
_____
20 _____

Notice to Building Official For Use of Private Provider

TO BE COMPLETED BY THE PROPERTY OWNER/AGENT

Project Name: _____ Parcel Tax ID: _____

Location/Address: _____ Lot: _____ Block: _____

Services to be Provided: Plans Review _____ Inspections _____

NOTE: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791 (2) Florida Statute.

I, _____ , the fee owner/contractor, affirm I have entered
Please Print Full Name of Fee Owner / Fee Owner's Contractor

into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____ Private Provider: _____

Florida License, Registration or Certificate #: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Clarify if this agreement is made between the Private Provider and a(an):

- ☐ Individual
- ☐ Corporation
- ☐ Partnership

I have elected to use one or more private providers to provide building code plans review and/or inspections 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 adequateley 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, udate 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.

_____
Fee Owner / Fee Owner's Contractor Signature

_____
Fee Owner / Fee Owner's Contractor Address and Phone Number

State of Florida, County of Charlotte
The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____20____, by_____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____
Signature of Notary