Notice to Building Official of
Use of Private Provider

Project Name _____

Parcel Tax ID _____

Services provided: Plans Review _____ Inspections _____ Structural _____
Electrical _____ Plumbing_____ HVAC _____ Roof_____
Irrigation _____ Gas _____

NOTE: If the notice applies to private plan review, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.792 (2) (a).

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 _____

Florida License, Registration or Certificate # _____

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by 553.791 (2) (a), 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 the 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 interest 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.

If the fee owner or fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers. The fee owner or fee owner's contractor 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 attachments are required:

1. Qualifications of the private provider and all duly authorized representatives.
2. Proof of insurance for professional liability as specified in section 16 of the Private Provider requirements for each building project.

Please use appropriate notary block

Individual	**Corporation**	**Partnership**
_____ 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.	_____ Print Corporation name BY: _____ (Signature) _____ Print name Its: _____ _____ Address _____ Telephone # STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20 ____, personally appeared _____ of _____, a _____ corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.	_____ 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 _____, a _____ partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally know _____, or produced identification _____. Type of identification produced _____

Signature of Notary_____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My Commission expires:_____