

Form A.1
NOTICE TO BUILDING OFFICIAL
For the use of Private Provider

Florida Statutes §553.791(4)

Project Name / Address: _____

Plan number _____ Phased Permit? Yes No

Project address: _____ Parcel tax ID: _____

Services to be provided: Inspections only* Plans Review and Inspections*

Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for **both services.*

I, _____, the fee owner of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider (Qualifier for the Firm): _____

Florida License or Registration number: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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 or structure that is the subject of the enclosed permit application.

I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

The following attachments are provided as required by Section 553.791, Florida Statutes:

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 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, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to FS Section 553.791(16).

(Please notarize using the appropriate section below)

Individual	By: _____(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.		
Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____		
Signature of Notary: _____		Print Name _____
Notary public stamp: _____		My commission expires: _____

Corporation	Print Corporation Name: _____	
By: _____(signature)	Print name: _____	Its: _____
Address: _____		Telephone: _____
STATE OF _____ COUNTY OF _____ Before me, this ____ day of _____, 20____, personally appeared _____, on behalf of the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.		
Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____		
Signature of Notary: _____		Notary Stamp: _____
		Print Name _____

Partnership	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 the partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.		
Signature of Notary: _____		Notary Stamp: _____
		Print Name _____