

**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
**Effective January 1, 2025**  
**61G20-2.005, F.A.C.**



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

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

Services to be provided:  Plans Review  Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the  fee owner /  fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

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

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

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 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 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 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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date

Form # 9B-3.053-2002-02  
**Private Provider**  
**Plan Compliance Affidavit**  
Effective January 20, 2003



Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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:

  

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Signature of Reviewer: \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_  
being personally known to me \_\_\_\_\_ or having produced as 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 Public: NOTARY STAMP BELOW

My commission expires:

# Town of Indian Shores Building Department

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## Private Provider Requirements

This outlines what is required if you choose to utilize a Private Provider for your inspections, or plans review services. Please note, the Town of Indian Shores Building Official will still issue your permit and maintain the inspection and permit records as required by Florida Statute. As this is a bullet-point outline of the Town requirements, the specific verbiage on the use of Private Provider can be found in Florida Statute 553.791.

If you choose to utilize a Private Provider, for either inspections, plans review or both you will need to submit the Notice to Building Official form attached. Please note, this form is provided by the Florida Building Commission. The two sections at the bottom, that require signature are required to be signed by the fee owner of the property (Individual – means the fee owner, Corporation – means fee owner that is a company/ corporate entity). All portions of this form must be completed and signed. If signed by a representative of a corporation, it must be verifiable.

### **Registration:**

- With each permit package submitted, you will need to submit the following:
  - o Completed NTBO form provided by the Florida Building Commission.
  - o His/ Her professional license and/ or certifications pursuant to the requirements of Chapter 468, Chapter 471 or Chapter 481 of the Florida Statutes.
  - o Qualification statement or resume from stated individual or firm.
  - o A certificate of insurance demonstrating that professional liability insurance coverage is in place for the private providers firm, the private provider, and any duly authorized representative in the amounts required in sub- section 18 of F.S. Section 553.791
- **NOTE:** The two sections at the bottom, that require signature are required to be signed by the fee owner of the property (Individual – means the fee owner, Corporation – means fee owner that is a company/ corporate entity).

### **Plans Review:**

- If you elect to utilize a Private Provider for plans review, a set of reviewed, stamped documents/ plans, along with the completed Plan Compliance Affidavit, attached, must be submitted along with your permit package to the Building Official for review.
- **NOTE:** If we have not received a complete registration package, at permit package submission we will assume we are completing the necessary review process and will move forward with such process.

# Town of Indian Shores Building Department

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## **Inspections:**

- All inspections scheduled with your Private Provider must also be scheduled with the Town of Indian Shores Building Department by sending in request to [permits@myindianshores.com](mailto:permits@myindianshores.com)
- As it is not required by law, we do respectfully request that you submit your inspection request no later than the business day prior to your requested date. This is to insure we maintain accurate, and up to date records on your permit.
- Each scheduled inspection is to be sent to [permits@myindianshores.com](mailto:permits@myindianshores.com) and will be updated in the permit.

## **Required Inspection Types:**

- As each project can be different, it is difficult to provide a "blanket set of inspections". Once the permit is issued, the permit will outline the required inspections for that applicable project.

## **Notification, Inspection Results, Certificate of Completion:**

- All notifications, inspection requests/ results and the final request for Certificate of Completion/ Occupancy are to be sent to the following email.
- Any temporary/ pre-power required are also to be sent to the following email address [permits@myindianshores.com](mailto:permits@myindianshores.com)