



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

VALID FOR THE LIFE OF THE PRIMARY PERMIT

Project Name: _____ Permit Number: _____
Project Address: _____, Jacksonville Beach, FL 32250
Parcel Tax ID: _____
Services to be provided:
_____ Plans Review _____ Inspections _____ Threshold 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.

If private provider plan review is performed, all required inspections must also be performed by the private provider

I _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above. This notice is valid for the life of the primary permit.

Private Provider Firm: _____

Private Provider Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

Optional:

_____ I acknowledge this Notice to Building Official can be applied to subsequent permits associated
(Initials) with the primary permit for the above referenced Parcel Tax ID.

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by § 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 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 § 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, 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, FEMA requirements or other codes.

The following attachments are provided as required:

1. Qualification statements, resume, and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representatives' employment affidavits are signed and notarized & copies of all licenses required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. List of all applicable inspections to be performed.
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. **If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.** The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force." The proof of insurance required by this section will be expected prior to first inspection by the private provider firm.

Check ONE Section Below

INDIVIDUAL _____

Name: _____

Address: _____

Phone: _____

Signature: _____

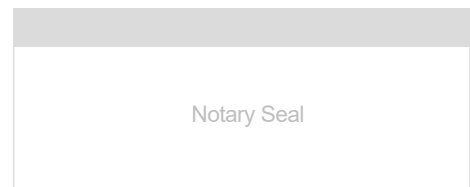
State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of individual) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
- ☐ Has produced a current drivers license
- ☐ Has produced _____ as identification.

Notary Signature: _____





CORPORATION _____

Name of Corporation (Fee Owner): _____

Corporate Address: _____

Phone: _____

Corporate Representative: _____

Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of individual) _____

on behalf of _____ corporation, registered in the state of _____.

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current drivers license
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law

Notary Seal

PARTNERSHIP _____

Name of Partnership (Fee Owner): _____

Partnership Address: _____

Phone: _____

Partner: _____

Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of individual) _____

on behalf of _____ partnership, registered in the state of _____.

- ☐ Are personally known to me
☐ Has produced a current drivers license
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law

Notary Seal