

The following attachments are provided as required:

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 relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual

 (signature)
 Print
 Name: _____
 Address: _____

 Telephone
 No.: _____

Corporation

 Print Corporation Name

 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Partnership

 Print Partnership Name

 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

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.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

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 known _____; or Produced identification _____ Type of identification produced _____

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires:

**FEE OWNER AUTHORIZATION FOR
CONTRACTOR TO ENGAGE PRIVATE PROVIDER
PURSUANT TO SECTION 553.791, FLORIDA STATUTES**

The "Warranty Deed Owner" identified below hereby authorizes the "Contractor" identified below to contract with a "Private Provider" identified below for Florida Building Code plan review and/or inspection services, pursuant to Section 553.791, Florida Statutes.

The Contractor intends to engage a private provider for plan review and/or inspection services prior to submittal to the Building Department in lieu of the Building Department. 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. All private provider staff will be state licensed professional engineers, architects or inspectors as required by the statute. 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.

The architect/engineer will be fully responsible for ensuring compliance with the Florida Building Codes, Building, Plumbing, Mechanical, Fuel Gas, and Electrical.

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 the 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 permit application.

PRIVATE PROVIDER: _____

CONTRACTOR: _____

PROJECT DESCRIPTION: _____

PROJECT ADDRESS: _____

FEE OWNER WRITTEN AUTHORIZATION

FEE OWNER NAME: _____

FEE OWNER SIGNATURE: _____ DATE: _____

FORM # 9B-3.053-2005-01
JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM
Florida Building Commission
Effective February 1, 2006

PROVIDER NO. 1	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	
PROVIDER NO. 2	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	

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:

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: