**61G20-2.005** **Alternative Plans Review and Inspection Forms Adopted.**

The following forms are adopted for use in conjunction with utilization of a private provider to perform plan review and inspection and may be obtained on the internet at https://www.floridabuilding.org/fbc/committees/Private\_Providers/Private\_Providers.htm ~~http://www.dca.state.fl.us/fbc/forms/1\_forms.htm~~:

~~(1)~~ Notice to Building Official of Use of Private Provider, Form Number 61G20-2.005-2002-01, effective July 2021 ~~January 20, 2003;~~

~~(2) Private Provider Plan Compliance Affidavit, Form Number 61G20-2.005-2002-02, effective January 20, 2003;~~

~~(3) Job Site Private Provider Identification Form, Form Number 61G20-2.005-2005-01, effective February 1, 2006~~.

*Rulemaking Authority 553.791(4), (5) FS. Law Implemented 553.791(4), (5) FS. History–New 1-20-03, Amended 7-21-08, , Formerly 9B-3.053, 9N-2.005.*

**Form # 9B-3.053-2002-01**

Notice to Building Official of Use of Private Provider

**Effective January 20, 2003**

**Revised July 1, 2021.**

Project Name: Parcel Tax ID:

Services to be provided: Plans Review 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.

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:

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 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 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, 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 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 Corporation Partnership**

Print Corporation Name Print Partnership Name

By: By:

(signature) (signature) (signature)

Print Print Print

Name: Address:

Telephone

No.:

Name: Its: Address:

Name: Its: Address:

Telephone Telephone

**Please use appropriate notary block. STATE OF COUNTY OF**

No.

No.:

**Individual Corporation Partnership**

Before me, this day of Before me, this day of Before me, this day

 , 20 , personally appeared

 , 20 , of , 20 , personally appeared personally appeared

who executed the foregoing instrument, of ,

and acknowledged before me that same , a partner/agent on behalf of

was executed for the purposes therein  **corporation**, on ,

expressed. behalf of the state corporation, who a **partnership**, who executed the executed the foregoing instrument and foregoing instrument and acknowledged before me that same was acknowledged before me that same executed for the purposes therein was executed for the purposes therein expressed. expressed.

Personally known ; or Produced identification Type of identification produced

Signature of Notary Print Name

Notary Public: NOTARY STAMP BELOW My commission expires: