



NOTICE TO BUILDING OFFICIAL FOR USE OF PRIVATE PROVIDER

The building plans review and/or inspection services provided by the Private Provider is limited to building code compliance and does not include the applicable review for fire protection and fire safety codes, site work, public works, land use, zoning, floodplain, environmental and architectural (ARB), or other codes.

Permit Number: _____

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 Florida Statute Section 553.791(2).

If Private Provider plan review is performed all required inspections must also be performed by the Private Provider as well. All Electrical Service (Temporary Power), (503, 504 & 505) Electrical Inspections will be completed by City of Orlando Electrical Inspector's and notification to all serving utilities will only be made by the City of Orlando Building Review Staff, once approved.

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

Private Provider Firm: _____

Private Provider (Qualifier for the Firm): _____

Address: _____

Telephone: _____ Fax: _____

Email Address (Optional): _____

Florida License, Registration or Certificate number: _____

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, Assistant 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 on the following page)

Continued:**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 or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Print Name _____

Notary public stamp: _____ My commission expires: _____

Corporation: Print Corporation Name: _____

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 or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Print Name _____

Notary public stamp: _____ My commission expires: _____

Partnership: Print Partnership Name: _____

By: _____ (signature) Print Name: _____

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.

Personally known or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Print Name _____

Notary public stamp: _____ My commission expires: _____