



PRIVATE PROVIDER REQUIREMENTS

You may hire a professional engineer or architect to perform plan review and/or inspections as per Florida Statutes 553.791. The following forms are required:

- Notice to Building Official of Use of Private Provider*
- Private Provider Personnel Identification and Job Site Identification Form*
- Private Provider Plan Compliance Affidavit*, notarized (as applicable)
- Private Provider Employment Affidavit, notarized*

Additional required documentation:

- A copy of the Private Provider's State DBPR license
- A copy of the Private Provider's liability insurance policy in the amount set forth in *section (17) of Florida Statute 553.79*, with the Certificate Holder noted as follows:
City of Plantation
400 NW 73 Avenue
Plantation, FL. 33317
- A brief synopsis of the private provider's work history and qualifications

You may send/submit the required documentation (complete packet) for acceptance to the following address or include required documentation (complete packet) when applying for an online permit.)

City of Plantation Building Department
Attention Building Official
401 NW 70th Terrace
Plantation, FL 33317

A reply will be given in approximately 1-2 business days.

*** Denotes forms are available at the Building Department and on our website.**

Once authorized, the Private Provider **must** notify the Building Department 24 hours in advance, by e-mail, of impending inspections and results shall follow within 48 hours. In person submittals of original documents are also acceptable.

Email reports to helpmebuilding@plantation.org, with the following information noted in the Subject Line: "PRIVATE PROVIDER – PERMIT # - DISCIPLINE". Please send one email per discipline.



Notice to Building Official for Use of Private Provider

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plan 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: Fax: _____

Email Address (Optional): _____

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

 (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 _____ **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 _____ a 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:



PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY

for Private Provider F.S. § 553.791(4)

Submit one copy with "Notice to Building Official", and post one copy at job site. Use additional pages as necessary.

Permit No: _____ Project Name: _____

Project Address: _____

Private Provider Company: _____ Phone: _____

Contact Name: _____ Phone: _____

E-mail: _____

Service(s): Plan Review Inspections

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Phone: _____

Service performed: Plan Review Inspections – Discipline(s): ST EL ME PL

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Private Provider Plan Compliance Affidavit

Florida Statutes §553.791(6)

Project Information

Project Name: _____ Master Permit Number _____

Project Address: _____

Folio: Number: _____

Private Provider Information

Construction Documents Revisions Shop Drawings As-Built Other

Private Provider Firm: _____

Private Provider Address: _____

Private Provider Phone: _____ 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 plan review pursuant to Section 553-791, Florida Statute and holds the appropriate license or certificate:

Private Provider Qualifier: _____ Qualifier License Number: _____

Discipline and Plan Sheets: _____

Provider
Seal/Signature/Date

Name and Signature of Reviewer: _____

Notary Seal

SWORN AND SUBSCRIBED before me, this _____ day of _____,
20____, by _____, being personally known to
me _____ or having produced as identification _____, and who

being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public



HOLD HARMLESS/INDEMNITY FOR REQUESTED PRIVATE PROVIDER

RE: PROPERTY LOCATED AT _____
LOT _____ AREA _____, PLANTATION, FLORIDA.

GENTLEMEN:

I.

As legal Owner or Authorized Agent of referenced property, request to assign a Private Provider for Permit Number _____ issued to _____ for the

- PERFORMANCE OF PLAN REVIEW PERFORMANCE OF INSPECTIONS

II.

We/I, _____ (name of owner, authorized agent or entity) shall indemnify and hold harmless the CITY OF PLANTATION, and its officers, agents, and employees (including the Building Official), from any and all claims, costs, losses, suits and damages (including, but not limited to, attorney’s fees and other professionals and all court or other disputed resolution costs, liabilities, expenditures, or causes of action of any kind), loss, or damage to the CITY OF PLANTATION, and it’s said employees, officers and agents may suffer as a result of claims, demands, costs and judgments against it arising from, or pertaining to the above request.

III.

I further assume full responsibility for any or all corrections, if required, of work performed under the above-mentioned request.

DATED the _____ day of _____, 20_____

DATED the _____ day of _____, 20_____

Signature of Owner or Authorized Agent

Signature of Private Provider

Print Name / Title

Print Name

Print Name of Corporation

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____, by _____, who is personally known to me or has produced _____ as identification and acknowledged before me that he/she executed the same and who did not take an oath.

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____, by _____, who is personally known to me or has produced _____ as identification and acknowledged before me that he/she executed the same and who did not take an oath.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

Printed Name of Notary (Notary Seal)

Printed Name of Notary (Notary Seal)



EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives F S §553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES: (Use additional pages as necessary.)

Print Name	FL License no(s)	Discipline	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

I, _____, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443. Florida License No _____.

Private Provider Signature

STATE OF FLORIDA / COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, being personally known to me or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name My Commission Expires: _____ (NOTARY SEAL)