

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Permit Number: _____



Project Name: _____

Parcel Tax ID: _____

Services to be provided: **Inspections only** _____ **Inspections and Plans Review** _____

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: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plan 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, plan 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 one (1) business day after any change, update this notice to reflect such changes. The building plan review and/or inspection services provided by the private provider is limited to compliance with the Florida Building Code and any local technical amendments to the Florida Building Code, but does not include review for fire code, land use, environmental, FEMA requirements or other codes.

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

The following items are 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 representative's employment affidavits are signed and notarized and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized.
3. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
4. Proof of Insurance required by Section 553.791(16) of the Florida Statutes.
5. The Private Provider shall schedule inspections one day prior to the inspection being performed. Inspections can be requested by e-mail to planning@dunnellon.org. Please specify the requested inspection date and note that inspections are only performed on Tuesday and Thursday mornings.

Name: _____ Telephone Number: _____

Address: _____

Acknowledgment as an Individual

Acknowledgment for a Corporation

an officer of _____, a _____ corporation, on behalf of the corporation.

Acknowledgement for a Partnership

a partner (or agent) on behalf of _____, a partnership.

Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

The following items are 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 representative's employment affidavits are signed and notarized and copies of all licenses submitted as 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. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
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 coverage's required under this subsection are in force." The proof of insurance required by this section will be expected seven (7) days prior to first inspection by the private provider firm.
5. The Private Provider shall notify the Building Official of inspection requests by using e-mail address at Planning@dunnellon.org prior to performing any inspections by the Private Provider on the permitted building structure(s).

_____ Initials

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Forms approved by the Building Official are provided as part of this package and must be used for each event. No substitute forms will be accepted.

(Check Section Below)

For an individual acting in his/her own right:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

For a corporation:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

**NOTICE TO BUILDING OFFICIAL OF USE OF
PRIVATE PROVIDER**

For a partnership:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

**DULY AUTHORIZED REPRESENTATIVE
EMPLOYMENT AFFIDAVIT**

Permit Number: _____



This affidavit is required pursuant to the City of Dunnellon Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b).

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

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

Signature of Private Provider _____ License # _____

PRIVATE PROVIDER FIRM _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

**PRIVATE PROVIDER PLAN REVIEW
COMPLIANCE AFFIDAVIT**

Permit Number: _____



Project Name: _____

Project Tax ID: _____

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 most current version of the Florida Building Codes and all local amendments 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:** _____

Applicable Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

Permit Number: _____



(Please check all that apply)

Building Inspections

1. ___ 101-Foundation
2. ___ 102-Slab
3. ___ 103-Tie Beam
4. ___ 104-Columns/Pilings
5. ___ 105-Rough Framing
6. ___ 107-Insulation
7. ___ 110-Firewall/Tenant Separation
8. ___ 111-Floor
9. ___ 113-RV tie down
10. ___ 114-Sheathing (Wall)
11. ___ 115-Sheathing (Roof)
12. ___ 117-Mobile Home Move
13. ___ 125-Opening Protection/Shutters
14. ___ 130-Engineering/Strap/Tie down
15. ___ 199-Final Building
 - For: Accessory
 - Awning
 - Demolition
 - Dock/Shoreline
 - Fence
 - Mobile Home Move
 - RV (set-tie down)
 - Shutter
 - Shed (set-tie down)
 - Sign
16. ___ 204-Final Plumbing
17. ___ 305-Final Electrical
18. ___ 402-Final Mechanical
19. ___ 501-Roof Dry-In
20. ___ 502-Roof In Process
21. ___ 503-Roof Final

(Please check all that apply)

Electrical Inspections

1. ___ 301-Temporary Pole or Underground (TUG)
2. ___ 302-Electrical Underground
3. ___ 303-Service Change
4. ___ 304-Rough Electrical
5. ___ 305-Final Electrical
6. ___ 306-Temp/Perm Power (Commercial)
7. ___ 308-House Meter Only (Commercial)
8. ___ 310-Temp Overhead

Sign Inspections

1. ___ 101-Foundation
2. ___ 302-Electrical Underground
3. ___ 304-Rough Electrical
4. ___ 305-Final Electrical

Dock and Shoreline Inspections

1. ___ 601-Tie Back/Deadman
2. ___ 602-Seawall Cap
3. ___ 603-Rip Rap
4. ___ 604-Piles

PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

(Please check all that apply)

Mechanical/Plumbing Inspections

1. ___ 201-Rough Plumbing (DWV)
2. ___ 202-Underground Plumbing
3. ___ 203-Sewer
4. ___ 204-Final Plumbing
5. ___ 205-Tub Set/Shower Pan
6. ___ 206-Water Supply
7. ___ 207-Rough Gas
8. ___ 208-Gas Line
9. ___ 209-Gas Tank
10. ___ 210-Final Gas
11. ___ 401-Rough A/C
12. ___ 402-Final A/C

(Please check all that apply)

Pool/Spa Inspections

1. ___ 101-Foundation
2. ___ 104-Piles/Pile Cap
3. ___ 108-Pool Steel
4. ___ 109-Pool Deck
5. ___ 118-Pool Safety (incl. Final Electrical before filling)
6. ___ 120-Pressure Affidavit
7. ___ 123-Main Drain (plumbing at shell)
8. ___ 124-1st Bonding (shell)
9. ___ 125-2nd Bonding (deck)
10. ___ 127-Light Potting

PRIVATE PROVIDER INSPECTION REPORT

Permit Number: _____



(Must be filled out completely, incomplete reports will not be accepted by the City)

At the completion of each inspection the private provider shall:

Post each completed inspection record on the Permit Card posted on site, indicating pass or fail. The “private provider” shall also provide the record on this form to the local Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via email; faxes are not acceptable. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Permit # _____ Date _____

Site Address _____

Inspection Report #: _____ Inspection Date _____

Owner Name _____

Private Provider _____

Contractor _____

Inspection Code _____ Inspection Type _____

Inspection Result:

1. Passed 2. Partial Pass 3. Fail 4. Cancelled

Comments: _____

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.

By: _____ License # _____
(Print Name)

Certified _____ (Signature)

**PRIVATE PROVIDE CERTIFICATE
OF COMPLIANCE**
REQUEST FOR CERTIFICATE OF OCCUPANCY/ Completion

Permit Number: _____



Date: _____

Building Official
City of Dunnellon Building Department

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, Section 11 pertaining to Private Provider Inspection Services, we herewith provide the City of Dunnellon with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes: (Circle all that apply)

Building	YES	NO	N/A
Mechanical	YES	NO	N/A
Electrical	YES	NO	N/A
Plumbing	YES	NO	N/A
Gas	YES	NO	N/A

Private Provider Name _____ License # _____

Private Provider Signature _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____