



**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
Effective January 1, 2025 Rule  
61G20-2.005, F.A.C.

Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Services to be provided:

☐ Plans Review\*

☐ Inspections

Note: \* If "Plans Review" is marked, please complete the all 3 pages. If only "Inspections" is marked, please complete only pages 1 and 2. Please also note, if the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the

☐ fee owner / ☐ fee owner's contractor, 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 or structure 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 or structure 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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

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Print name

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Address (line 1)

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Address (line 2)

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Telephone Number

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Email Address

---

Signature

Date

Corporation

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Print name

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Representative name

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Address (line 1)

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Address (line 2)

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Telephone Number

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Email Address

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Signature

Date

Community Development Department  
1776 Independence Lane, 2nd Floor  
Maitland, FL 32751



## PLAN COMPLIANCE AFFIDAVIT

§553.791(6), F.S.

**Project name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Check all permits:** ☐ Primary ☐ Sub Trade

☐ Stand-alone permit (*Provide separate NTBO*) ☐ Revision to permit no: \_\_\_\_\_

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**Use one Affidavit for each Review Discipline only.**

### **Private Provider's Firm:**

**I HEREBY CERTIFY** that, to the best of my knowledge and belief, the plans submitted for the above-referenced project comply with the Florida Building Code and all local amendments thereto. **I ALSO CERTIFY** that the plans were reviewed by myself personally or by my Duly Authorized Representative\* identified below, both of whom being authorized to perform plans review under Section 553.791, F.S. and holding the appropriate license or certificate.

■ **Private Provider:** \_\_\_\_\_ FL Lic. #: \_\_\_\_\_ L \_\_\_\_\_ J

**Discipline Reviewed:** ☐ BLDG ☐ RES ☐ ELECT ☐ MECH ☐ PLUMB Seal/Signature/Date

(*Select profession*) ☐ Architect (*Sign & Seal above*) or ☐ Professional Engineer (*Sign & Seal above*) or

☐ Building Code Administrator (*Sign, Date and Notarize immediately below*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

Personally known to me ☐ or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)

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■ **Duly Authorized Representative:** *\*If utilized for the Plan Review, sign and notarize below.*

Name of person reviewing the plans: \_\_\_\_\_ FL License #: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

Personally known to me ☐ or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)