



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

Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

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: _____

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. #: _____

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)

■ 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)