

Fee Owner's Authorization to Building Official for Use of Private Provider Form
(Based on authorization requirements of 553.791(2)(a) F.S.)
(This form must be used when fee owner does not sign the Notice to Building Official Form)

Project Name: _____

Folio No.: _____

Services to be provided by private provider: ☐ Plan Reviews ☐ 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 and subject to duly adopted local policy, the private provider be used for both services pursuant to Section 553.791(2)(a) Florida Statute.

I _____, the fee owner, affirm I have authorized my contractor to enter into a contract on my behalf 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 #: _____

Furthermore, I affirm that 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 contractor's 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

my contractor makes any changes to the listed private providers or the services to be provided by those private providers, he/she shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the 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.

(Please sign only one of the following entities:)

Individual	OR;	Corporation	OR;	Partnership
_____		_____		_____
(signature)		Print Corporation Name		Print Partnership Name
Print		By: _____		By: _____
Name: _____		(signature)		(signature)
Address: _____		Print		Print
_____		Name: _____		Name: _____
Telephone		Its: _____		Its: _____
No.: _____		Address: _____		Address: _____
		_____		_____
		Telephone		Telephone
		No. _____		No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual	Corporation	Partnership
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.	Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ 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.	Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a partnership , who executed the foregoing instrument and acknowledged before me that same was executed for the purposes expressed.

Personally known ____; or Produced identification ____ Type of identification produced _____

Signature of Notary _____ Print Name _____

Notary Public:

My commission expires: