

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

Project Name: _____

Parcel Tax ID: _____

Services to be provided: ☐ Plans Review ☐ Inspections

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

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

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 Florida Building Code and all local amendments to the Florida Building Code 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: _____

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

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
being personally known to me _____ or having produced as identification _____
_____ and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:



FEE OWNER AUTHORIZATION
for Contractor to Engage in
Private Provider Services pursuant to
553.791, Florida Statute

The “Warranty Deed/Fee Owner”, identified below, hereby authorizes the “Contractor”, identified below, to contract with a “Private Provider”, identified below, for Alternative Plans Review and/or Inspection Services, pursuant to 553.791, Florida Statute. The law requires minimum insurance requirements for such personnel, but I (fee owner) 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. Furthermore, I agree to indemnify, defend, and hold harmless the City of Sarasota government, the local building official, and their building code enforcement personnel from any and all claims arising from the 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 this permit application.

Private Provider Firm: _____

Private Provider Address: _____

Private Provider Phone: _____ Email: _____

Private Provider: _____

Florida License, Registration, or Certificate #: _____

Fee Owner Name: _____

Fee Owner Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20 ____, by _____.
(Name of Person Making Statement)

____ Personally known or ____ Produced identification _____
(Type of Identification produced)

By _____
(Notary Public – State of Florida)

FORM # 9B-3.053-2005-01
JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM
Florida Building Commission
Effective February 1, 2006

PROVIDER NO. 1	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	
PROVIDER NO. 2	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	

**City of Sarasota
Development Services
Building Division
Private Provider
Inspection Record**

Inspection Requests: 941-263-6418

Permit Type: ☐ Building ☐ Electrical ☐ Mechanical ☐ Gas ☐ Plumbing ☐ Roofing

Permit Number: _____ Contractor: _____

Job Addres:_____

[illegible]



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE Request for Certificate of Occupancy

Mr. Lawrence Murphy
Building Official Sarasota Florida, 34236

Date: _____

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide the City of Sarasota 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 (check all that apply):

1. Building: YES _____ NO _____ N/A _____
2. Mechanical: YES _____ NO _____ N/A _____
3. Electrical: YES _____ NO _____ N/A _____
4. Plumbing: YES _____ NO _____ N/A _____
5. Gas: YES _____ NO _____ N/A _____

Private Provider Name: _____

License #: _____

Private Provider Signature

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of owner or qualifier)

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
- ☐ Has produced a current driver's license _____
- ☐ Has produced _____ as identification.

Notary Signature: _____