

PRIVATE PROVIDER DOCUMENTS

Guide to Using the Official Forms

Rev. 11-2021

To be submitted for Registration with the City of Seminole:

Form R.1— Private Provider Registration

553.791(15)(b)

The following supplemental information is also required:

1. **Business:**

- Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
- DBPR Certificate of Authorization for the firm.
- Occupational (Business) license for the firm's principal place of business.

2. **Insurance:**

- Certificate of professional liability insurance as required by FS 553.791(16). The certificate must include the Town of Surfside as the certificate holder, and must be sent to the Town directly by the insurance company.

3. **Personnel:**

- Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
- Copy of driver licenses for all personnel listed above.

Form R.2— Employment affidavit for all Duly Authorized Representatives

553.791(8)

The following supplemental information is also required:

1. Licenses for all personnel regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors).

To be submitted at the time of Private Provider election:

Form A.1— Notice to Building Official

553.791(4)

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

Form A.2— Personnel Identification & Job Site Directory

553.791(4)

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project. NOTE: A second copy is to be posted at the job site during construction.



Private Provider plans review:

Form B.1— Plan Compliance Affidavit

553.791(6)

This is required if the plans are reviewed by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

Form B.2— Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

Form B.log— List of Approved Drawings

This form records all of the individual approved drawings, including the latest dates.



Private Provider inspections:

Form A.2— Personnel Identification & Job Site Directory

553.791(4)

Form C.1— Inspection Report(s) *(Using the Private Provider's letterhead)*

553.791(10)

To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

Form C.2— Inspection Summary *(Using the Private Provider's letterhead)*

553.791(10)

To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.



Project closeout (Statements of Inspection):

Form D.1— Certificate of Compliance (CO/CC)

553.791(11)

This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the Town of Surfside and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

Form D.2— Certificate of Compliance (TCO/TCC)

553.791(11)

This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.

Form R.1

PRIVATE PROVIDER REGISTRATION Identification Page

Florida Statutes §553.791(15)(b) Rev. 11-2021

PRIVATE PROVIDER FIRM

Name of Firm: _____ FL Certificate of Authorization no.: _____

Business Address: _____ Federal Employer ID # (FEIN): _____

Type of business entity: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP ☐ Other

Telephone: _____ Fax: _____ Email: _____

QUALIFIER

Name of Qualifier: _____ Signature: _____

☐ Architect, FL Reg. no: _____ ☐ Professional Engineer, FL License no: _____

For Engineers, state your area(s) of competency: _____

Address _____ Email: _____

Telephone: _____ Alternate Telephone: _____

STATE OF FLORIDA))
COUNTY OF _____))

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, being personally known to me _____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name

My Commission Expires:

(NOTARY SEAL)

Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives F S §553.791(8) Rev. 11-2021

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES: (Use additional pages as necessary.)

Print name	FL License no(s)	Discipline	Signature

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

I, _____, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

Florida License No. _____

STATE OF FLORIDA / COUNTY OF _____)

Seal/Signature/Date

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, being personally known to me _____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name

My Commission Expires: _____

(NOTARY SEAL)

Page ____ of ____

Form A.1

NOTICE TO BUILDING OFFICIAL
For the use of Private Provider

Florida Statutes §553.791(4)

Rev. 11-2021

Project Name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased Permit? ☐ Yes ☐ No

Services to be provided (select one): ☐ **Inspections only** ☐ **Plans Review and Inspections***

**Pursuant to §553.791(2), F.S.: The City of Miami does not allow the use of Private Providers for plans review only.*

➡ [Provide name & title] I, _____, the fee owner (or authorized signatory) of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider Firm: _____ **FL Cert. of Authorization #** _____

Address: _____ Tel: _____ Fax: _____

Contact person: _____ Email: _____

Private Provider (Qualifier for the Firm): _____ Florida License # _____

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.

(2) 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.

(3) I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one business day after any change, update this Notice to reflect such changes. The building plans review and/or inspection services provided by the Private Provider are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

(4) The following attachments are on file with the City of Miami, pursuant to §553.791, Florida Statutes:

- a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
- b) Proof of insurance for professional and comprehensive liability in the amount 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, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to § 553.791(16), F.S.

☐ **Individual** ➡ Print Name: _____ Signature: _____

☐ **Corporation** or ☐ **Partnership** ➡ Name of Business Entity: _____

By: _____ (signature) Print name & title: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared _____, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally known ☐ or Produced Identification ☐ Type of ID produced: _____

Signature of Notary: _____ Print Name: _____ (NOTARY PUBLIC SEAL)

Form A.2

Private Provider

PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY

F.S. § 553.791(4)

Rev. 11-2021

Use multiple pages if necessary.

➡ Submit one copy with Form A.1 "Notice to Building Official", and post one copy at job site.

Project Name & Address: _____

Private Provider Company: _____ **Telephone:** _____

Contact name: _____ **Services:** ☐ Plans review ☐ Inspections

Plan Process no: _____ **Permit no:** _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Form B.1

Private Provider

PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Rev. 11-2021

Project Information:

Plan number: _____

Project Name: _____

Address: _____

Folio no.: _____

Notes: _____

Check all that apply:

☐ Master Plan

☐ Stand Alone Plan (Provide separate Notice to B.O.)

☐ Revision

Permit number: _____

☐ Additional plan / Shop Drawing

☐ Phased Permit

☐ Class I

☐ Class II

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Tel: _____ Fax: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by my Duly Authorized Representative* identified below, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider:

Discipline: _____

Name & FL License No.: _____

Use one Affidavit for each Review Discipline. Individually list all plan sheets reviewed, with dates. The submitted drawings must agree with this exactly
Attach additional pages of Form B.10q as needed, signed and sealed.

_____ Seal/Signature/Date

Duly Authorized Representative: **if utilized for the Plan Review, notarize this form below.*

Name & FL License No. of person reviewing the plans: _____

Signature of reviewer: _____ Date: _____

STATE OF FLORIDA) Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
COUNTY OF _____) by _____.

(NOTARY SEAL)

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____