



**Gadsden County**  
 Building Inspections Division  
 1-B E. Jefferson St./ Post Office Box 1799,  
 Quincy, FL 32353  
 Phone: (850)875-8665 Fax: (850)875-7280

**NOTICE TO BUILDING OFFICIAL  
 OF USE OF PRIVATE PROVIDER**

Project Name / Address: \_\_\_\_\_  
 Permit/Process number: \_\_\_\_\_  
 Project address: \_\_\_\_\_ Parcel tax ID: \_\_\_\_\_

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

I, \_\_\_\_\_, the fee owner 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: \_\_\_\_\_  
 Private Provider (Qualifier for the Firm): \_\_\_\_\_  
 Florida License or Registration number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand if I, the fee owner or the fee owner’s contractor elects to use a private provider to provide plans review, the local building official, in his or her discretion and pursuant to duly adopted policies of the local enforcement agency, may require the fee owner or the fee owner’s contractor to use a private provider to also provide required building inspections, F.S. 553.791(2).

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, F.S. 553.791(4)(c).

Note: 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 code, land use, environmental, FEMA regulations or other applicable codes. I understand that the local building code enforcement agency may audit the performance of building code plan review and inspection services performed by private providers operating within the local jurisdiction, F.S. 553.791(18).

If I, the fee owner or the fee owner’s contractor makes any changes to the listed private providers or the services to be provided by those private providers, I, the fee owner or the fee owner’s contractor shall, within 1 business day after any change, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change. In addition, I, the fee owner or the fee owner’s contractor shall post at the project site, prior to the commencement of construction and updated within 1 business day after any change, on a form to be adopted by the AHJ, the name, firm, address, telephone number, and facsimile number of each private provider who is performing or will perform building code inspection services, F.S. 553.791(4)(c).

**In accordance with F.S. 553.791 the following attachments are provide as required:**

1. Qualification statements, resume, and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representatives' employment affidavits are signed and notarized & copies of all licenses required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of requested building inspections, (all trades) in accordance with FBC\_BCA 110.3.
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Individual/Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Property Owner or Agent

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

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

\_\_\_\_\_  
(Type / Print Property Owner or Agent Name)  
\_\_\_\_\_  
**(NOTARY'S SIGNATURE as to Owner or Agent Name)**  
Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

**Corporation:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Qualifier

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

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

\_\_\_\_\_  
(Type / Print Qualifier Name)  
\_\_\_\_\_  
**(NOTARY'S SIGNATURE as to Qualifier)**  
Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**Partnership:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Agent

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

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

\_\_\_\_\_  
(Type / Print Agent Name)  
\_\_\_\_\_  
**(NOTARY'S SIGNATURE as to Agent Name)**  
Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

*F.S. 553.791(19) I understand that the local government, the local building official, and their building code enforcement personnel shall be immune from liability to any person or party for any action or inaction by a fee owner of a building, or by a private provider or its duly authorized representative, in connection with building code plan review and inspection services as authorized in this act.*

