



PRIVATE PROVIDER STIPULATION

Permit # _____ Address of Project: _____

Private Provider Firm: _____

Authorized Representative for Private Provider Firm: _____

Print Name and Title

or

Individual Private Provider: _____

Telephone: () - _____

Email: _____

Florida License, Registration or Certification #: _____

I, in my capacity as the Individual Private Provider (IPP) or authorized representative of the Private Provider Firm (PPF) for the above referenced Project do hereby agree to the following conditions:

1. Prior to submittal to the Buildings Inspection Division of Gadsden County, all construction plans and documents (Construction Documents) for the above-referenced Permit shall be pre-approved by me insofar as each page shall bear my initials (IPP) or stamp (PPF);
2. No Duly Authorized Representative (DAR) that perform inspections of the Project shall allow any work to start or continue which the IPP or the PPF has not reviewed and pre-approved under the above-referenced Permit in accordance with the Construction Documents approved by the County for the Project;
3. Any and all revisions to the Construction Documents must be submitted to, and approved by, the IPP or the PPF and are subject to audit by the County's plan reviewers for that portion of the Project.
4. Depending on the severity of the violation and at the discretion of the County's Building Official, if the IPP or PPF fails to comply with the preceding conditions and/or other applicable laws, regulations and codes attendant to the Project, the IPP or PPF shall be placed on notice and a Stop Work Order issued on any non-compliant portion of the Project.

Note: If you are signing this as an Authorized Representative for a PPF, the attached Certificate of Incumbency must be completed and accompany submittal of this Private Provider Stipulation.

INDIVIDUAL	COPORATION	PARTNERSHIP
_____ <i>(Signature)</i>	_____ <i>(Print Corporation Name)</i>	_____ <i>(Print Partnership Name)</i>
_____ <i>(Name)</i>	_____ <i>(Signature)</i>	_____ <i>(Signature)</i>
_____ <i>(Address)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
_____ <i>(Telephone Number)</i>	_____ <i>(Address)</i>	_____ <i>(Address)</i>
_____ <i>(Telephone Number)</i>	_____ <i>(Telephone Number)</i>	_____ <i>(Telephone Number)</i>

STATE OF _____ COUNTY OF _____

Please use appropriate notary section below:

Before me, this _____ day of _____, 20____ personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes their expressed.	Before me, this _____ day of _____, 20____ personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes their expressed.	Before me, this _____ day of _____, 20____ personally appeared _____, partner/agent on behalf of _____, a partnership , who executed the foregoing instrument, acknowledged before me that same was executed for the purposes their expressed.
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(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



PRIVATE PROVIDER STIPULATION

CERTIFICATE OF INCUMBENCY

STATE OF _____

COUNTY OF _____

The undersigned, _____, in my capacity as an
Print Name

Officer, Director, Manager or Partner (circle one) of _____
Print Name of Company

(the "Company"), a _____ corporation, limited liability company
Print Name of State

or partnership (circle one) and pursuant to its By-Laws, as amended, and certain validly adopted
resolution(s) hereby certifies as follows:

The Company is authorized to serve as a Private Provider in accordance with §553.791, Florida Statutes, for the
construction project located at _____ in Gadsden County, Florida
(the "Project").

_____ has been designated to serve as the Authorized Representative
for the Company and given authority to act on behalf of and to bind the Company in its capacity as a Private Provider
for the Project.

The undersigned has the power and authority to execute this Certificate on behalf of the Company and has so
executed same and set the Company seal this _____ day of _____, 20____.



Signature: _____

Print Name: _____

Title: _____