



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

The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include the applicable review for the fire protection and fire safety codes; site work, public works, land use, zoning, floodplain, environmental or other codes.

Permit Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Florida Statute Section 553.791(2).

All electrical service (temporary power) and electrical inspections will be completed by the City of Fort Pierce electrical inspectors and notification to all serving utilities will only be made by the City of Fort Pierce Building review staff, once approved.

I, \_\_\_\_\_, the fee owner of the property, affirm that I have entered into a contract with the private provider indicated below to conduct the services indicated as follows:

Inspections \_\_\_\_\_ Plan Review \_\_\_\_\_ Threshold Building Yes \_\_\_ No \_\_\_

Private Provider firm: \_\_\_\_\_

Private Provider (qualifier for the firm): \_\_\_\_\_

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

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

Email Address (optional): \_\_\_\_\_

Florida License, Registration, or Certificate number: \_\_\_\_\_

I have elected to use one or more private providers to provide building code plan review 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, plan 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.



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*Florida*

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, Deputy 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 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 plan 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.

Pursuant to 553.791(11), Florida Statutes, the Building Department waives the requirement to provide a record of each inspection within 2 business days so long as the record is electronically posted or posted at the project site and all such inspection records are submitted with the certificate of compliance.

Pursuant to 553.791(12), Florida Statutes, the private provider shall prepare the certificate of compliance on the City's form, and include an inspection summary of all inspections performed by the private provider and a list of all administrative approvals by the Building Department including but not limited to soil density reports, termite treatment, insulation certificates, blower door test results, duct leakage test results and elevation certificates. All administrative approvals shall be obtained prior to the submission of the certificate of compliance and noted therein.

The following attachments are provided as required by Section 553.791, Florida Statutes:

Qualification statements and/or resumes of the private provider and all duly authorized representatives.

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 FS Section 553.791(16).



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Individual By: \_\_\_\_\_ (signature) Printed Name: \_\_\_\_\_

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

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

Personally known  or Produced identification  Type of ID produced: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Notary Public stamp: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Corporation: Print Corporation Name : \_\_\_\_\_

By: \_\_\_\_\_ (signature) Printed Name: \_\_\_\_\_

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_ day  
 of \_\_\_\_\_, 20 \_\_, personally appeared \_\_\_\_\_, who executed  
 the foregoing instrument and acknowledged before me that same was executed for the purposes  
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Signature of Notary: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Notary Public stamp: \_\_\_\_\_ My commission expires: \_\_\_\_\_