


City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, FL 34286

Phone (941)429-7044 Fax (941) 429-7180 Email: bldginfo@northportfl.gov

NOTICE TO BUILDING OFFICIAL FOR USE OF PRIVATE PROVIDER

Project Name _____ Parcel ID _____

Job Address _____

Services to be Provided: ___ Plans Review ___ Inspections*

****All applicable inspections on the attached inspection list must be checked and submitted with the permit***

All inspection reports must be submitted to ppinspectionreports@northportfl.gov. All inspection results can be accessed through the website at <https://npor-egov.aspgov.com/Click2GovBP/index.html>.

Written notice (email) must be provided no later than 2pm at least 1 business day prior to each inspection taking place, detailing the date and approximate time the inspection will take place. Upon completion of the inspection, written notice (email) must be provided within 2 business days detailing the results of the inspection. **Include the permit number**, address, and inspection type.

I _____ (name), the fee owner, affirm I have entered a contract with the

Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____ Private Provider: _____

Florida License, Registration or Certificate #: _____

Address: _____ Phone: _____

Email: _____

I have elected to use one or more private providers to provide building code plans review and/or inspections services on the building 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 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, 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 code, land use, environmental or other codes.

Signature of Owner: _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by

_____, who is personally known to me or has produced

_____ as identification.

Signature, Notary Public - State of Florida

(SEAL)

Sequence	Max Sequence	Inspection Type	Code	Required	Comments
10		BUILDING-STEMWALL/FOOTING	101	<input type="checkbox"/>	
10		PLUMBING-ROUGH/UNDERGROUND 1ST	401	<input type="checkbox"/>	
10	90	ELECTRIC-SITE LIGHTING & UG	213	<input type="checkbox"/>	
10		BUILDING-FOOTING PAD	140	<input type="checkbox"/>	
10	50	ADMIN PX-TRUSS LAYOUT REVIEW	168	<input type="checkbox"/>	
10		ELECTRIC-UFER CONN/ELECTRODE	207	<input type="checkbox"/>	
10		ELECTRIC-UNDER SLAB	205	<input type="checkbox"/>	
20		BUILDING-FLOOR SLAB	102	<input type="checkbox"/>	
20		BUILDING-MONO SLAB	126	<input type="checkbox"/>	
30		BUILDING-TIE BEAM OR WALL SLAB	103	<input type="checkbox"/>	
40		BUILDING-ROOF SHEATHING	122	<input type="checkbox"/>	
50		BUILDING-DRY IN/BUCK	128	<input type="checkbox"/>	
60		ELECTRIC-ROUGH	201	<input type="checkbox"/>	
60		HVAC-ROUGH	301	<input type="checkbox"/>	
60		PLUMBING-TUB SET/2ND ROUGH	403	<input type="checkbox"/>	
60	70	BUILDING-BAR JOIST/STRUCTURAL	154	<input type="checkbox"/>	
60	70	HVAC-STRUCTURAL ROOF TOP CURB	303	<input type="checkbox"/>	
60		BUILDING-ROOF / IN PROGRESS	149	<input type="checkbox"/>	
60		BUILDING-ROOF INSULATION	117	<input type="checkbox"/>	
60	70	BUILDING-FIREPROOFING APPLIC	161	<input type="checkbox"/>	
60	70	BUILDING-STORE FRONT ALUMINUM	152	<input type="checkbox"/>	
60	70	BUILDING-STORE FRONT GLAZING	169	<input type="checkbox"/>	
60		BUILDING-TYPE X SCREW PATTERN	144	<input type="checkbox"/>	
70		BUILDING-FRAMING	104	<input type="checkbox"/>	
70		BUILDING-FIREWALL	118	<input type="checkbox"/>	
80		BUILDING-INSULATION	106	<input type="checkbox"/>	
80		ELECTRIC-ABOVE CEILING	212	<input type="checkbox"/>	
80		HVAC-ABOVE CEILING	304	<input type="checkbox"/>	
80	90	BUILDING-STUCCO & LATH/SIDING	179	<input type="checkbox"/>	
90		ELECTRIC-FINAL	299	<input type="checkbox"/>	
90		HVAC-FINAL	399	<input type="checkbox"/>	
90		PLUMBING-FINAL	499	<input type="checkbox"/>	
90		P&Z / SRC FINAL INSPECTION	826	<input type="checkbox"/>	
90		BUILDING-ACCESSIBILITY	120	<input type="checkbox"/>	
90		BUILDING-FINAL	199	<input type="checkbox"/>	
90		ELECTRIC-LIMITED ENERGY FINAL	298	<input type="checkbox"/>	
90		PW-FINAL	902	<input type="checkbox"/>	
999		PLUMBING-SEWER	404	<input type="checkbox"/>	
999		ELECTRIC-T-POLE/TEMP POWER	202	<input type="checkbox"/>	
999		PLUMBING-WATER SERVICE	402	<input type="checkbox"/>	
999		ELECTRIC-NEW SERVICE	211	<input type="checkbox"/>	
999		PLUMBING-GREASE TRAP	428	<input type="checkbox"/>	
999		BUILDING-MISC FOOTERS/SLABS	172	<input type="checkbox"/>	