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

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## NOTICE TO BUILDING OFFICIAL FOR USE OF PRIVATE PROVIDER

## 61G20-2.005-2002-01

Darcol ID

rioject Name		Faicerib
Job Address		
Services to be Provided:	Plans Review	Inspections*
at his or her discretio		s the use of a private to provide plans review, the local building official may ted local policy, require that a private provider be used to perform (2)(a), Florida Statutes.
*All applicable inspections on	the attached inspection lis	st must be checked and submitted with the permit
All inspection reports must	be submitted to ppinspe	ctionreports@cityofnorthport.com.
detailing the date and appr	oximate time the inspection of the contract of	an 2pm at least 1 business day prior to each inspection taking place, ion will take place. Upon completion of the inspection, written ays detailing the results of the inspection. <b>Include the permit</b>
Icontract with the		(name), $\Box$ the fee owner/ $\Box$ fee owner contractor affirm I have entered a
Private Provider indicated belo	ow to conduct the services i	indicated above.
Private Provider Firm:		Private Provider:
Florida License, Registration o	r 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

Project Name

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, or within 2 business days before the next scheduled inspection, 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.

The following attachments are provided, as required:

- 1. Qualification statements and/or resumes of the private provider and all dully authorized representatives.
- 2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

<u>Individual</u>		Corporation	
Print name		Print name	
Address (line 1)		Representative name	
Address (line 2)		Address (line 1)	
Telephone Number		Address (line 2)	
Email Address		Telephone Number	
		Email Address	
Signature	Date	Signature	Date