



## Application for Private Provider Plans Review/Inspections

Building Department (305) 664-6400

Florida Building Code 2020 in Effect

As defined by Florida Statute Section 553.791(i), "Private Provider" means a person licensed as an engineer under chapter 471 or as an architect under chapter 481. For purposes of performing inspections under this section for additions and alterations that are limited to 1,000 square feet or less to residential buildings, the term "Private Provider" also includes a person who holds a standard certificate under part XII of chapter 468.

A Private Provider may not provide building code inspections pursuant to this section upon any designed or constructed by the Private Provider or the Private Provider's firm.

Prior to application, the Private Provider must be registered and maintain that registration with Islamorada, Village of Islands ("Village").

The Fee Owner is urged to read and understand not only the Owner's Acknowledgement but also the Affidavit for Plan Review and Affidavit for Inspections.

Fee Owner ("Owner") Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

RE #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Private Provider Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Professional License(s) or Certification(s) Type and Number: \_\_\_\_\_

### I have elected to use this Private Provider for (check all that applies):

Plans Review (must be State Registered Architect/Engineer, as recognized in S. 468, 471, F.S.)

Building  Electrical  Plumbing  Mechanical  Roofing

Inspections (must be State Registered Architect/Engineer, as recognized in S. 468, 471, F.S. or for additions/alterations limited to 1,000 square feet or less to residential buildings may also hold a standard certificate under part XII of chapter 468, F.S.)

Building  Electrical  Plumbing  Mechanical  Roofing

### OWNER'S ACKNOWLEDGMENT:

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. I understand that if I elect to make any changes to the listed Private Providers or the services to be provided by those Private Providers, the fee owner shall, within 1 business day after any changes, update the notice to reflect such changes.

**ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained herein is true and correct.

\*Electronic signatures are not required to be notarized for electronic submission only.

### OWNER:

\_\_\_\_\_

(Owner's Signature)

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Date)

### NOTARY:

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID Produced: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public – State of FL)

Notary Seal:

**AFFIDAVIT FOR PLAN REVIEW:**

I affirm that I am qualified under Chapters 468 or 471, Florida Statutes to provide building code plan review services as authorized by section 553.791, Florida Statutes pursuant to section 104.3.2 Florida Building Code with respect to the building that is the subject of the enclosed permit application. I understand that I must submit to the Building Official all approvals from other governmental agencies, including but not limited to the Village Planning, Fire and Public Works Departments, FKEC, FCAA, DOH, USFWS, ACOE, DEP, SFWMD, as required. I understand that the Building Official shall issue the requested permit or provide written notification of deficiencies to the permit applicant within 30 days and follow the timeline for revisions as prescribed by section 553.791(6), Florida Statutes.

I have reviewed the plans/documents to determine compliance with applicable codes. I have determined that the plans reviewed comply with the applicable codes. I accept full responsibility for compliance with all provisions of the standard/technical codes and other pertinent laws or ordinances. I provide my seal and signature as affidavit under oath, that the following is true and correct to the best of my knowledge and belief:

- (a) The plans/documents were reviewed by me. I am authorized to perform plan review pursuant to the code and hold the appropriate licenses or certificates.
- (b) The plans comply with the applicable codes, standards, statutes and local ordinances or regulatory agency requirements.

**ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct.**  
**\*if completing and submitting electronically, no physical notarization required**

**PRIVATE PROVIDER PERFORMING PLAN REVIEW:**

(Private Provider's Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**NOTARY:**

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID Produced: \_\_\_\_\_

**Notary Seal:**

\_\_\_\_\_  
(Signature of Notary Public – State of FL)

**AFFIDAVIT FOR INSPECTIONS:**

I affirm that I am qualified under chapter 471, 481, or part XII of chapter 468, Florida Statutes to provide building inspection services as authorized by section 553.791, Florida Statutes pursuant to section 104.3.2 Florida Building Code. It is understood that if I am qualified under part XII of chapter 468, Florida Statutes, I am restricted to perform inspections for additions/alterations limited to 1,000 square feet or less to residential buildings. It is understood that the undersigned hereby accepts the responsibility for performing all of the required inspections. I understand that inspections are required as detailed in section 105 of the Florida Building Code, the permit card, and as prescribed by the local authority having jurisdiction. I further agree to hold the Village harmless for such inspections and accept responsibility for compliance with all other requirements contained within. I affirm that I maintain insurance for professionals and comprehensive general liability with minimum policy limits of \$1 million per occurrence relating to all services performed as a Private Provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

The undersigned understands the permit will expire unless work is commenced and receives the *first approved required inspection within 180 days of the effective date of the permit* and subsequently receives an approved required inspection which satisfies the 180 day requirement within the 180 day timeframe prior to permit expiration. NO inspections will be performed subsequent to permit expiration. No inspections will be handled "After the Fact".

The undersigned certifies that all work inspected (and approved) will conform to all applicable codes and standards; as well as all related permit documents. In the event of any conflict between codes and documents, the more restrictive shall apply. Notice of a required inspection shall be provided to the Building Official through the phone- in inspection line no later than 5 PM on the prior business day of any such inspection. The Building Official may visit the building site as often as necessary to verify that the Private Provider is performing all required inspections. Before leaving the project site, the Private Provider shall post each completed inspection record, indicating pass or fail, at the site and provide the record to the Building Official within 2 business days. Records of all required inspections shall be maintained at the building site at all times and be made available for review by the Building Official. The Private Provider shall report immediately any condition that poses an immediate threat to public safety and welfare to the Building Official and local enforcement agency. All required reports and certifications shall be prepared by and bear the signature of the Private Provider. Upon completion of all required inspections, the Private Provider shall prepare and submit to the Building Official a certificate of compliance, as approved by the Village.

Failure to follow standard operating procedures for inspections for the Village may negate any further approvals for you or your firm to perform this type of inspection. In addition, incomplete or inaccurate inspection reports may result in failed inspection, work stoppage and/or permit expiration. ALL VIOLATORS WILL BE REFERRED TO THE FLORIDA DBPR.

**ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct.**  
**\*if completing and submitting electronically, no physical notarization required**

**PRIVATE PROVIDER PERFORMING INSPECTIONS:**

(Private Provider's Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**NOTARY:**

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID Produced: \_\_\_\_\_

**Notary Seal:**

\_\_\_\_\_  
(Signature of Notary Public – State of FL)