

PRIVATE PROVIDER PROGRAM



NOTICE TO BUILDING OFFICIAL For the Use of Private Provider

Form A.1

§553.791(4), F.S. Rev. 01-03-2022

Project name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased permit? ☐ Yes ☐ No

Services to be provided (select one): ☐ Inspections Only ☐ Plans Review and Inspections*

*Pursuant to §553.791(2), F.S.: The City of Miami does not allow the use of Private Providers for plans review only.

➡ [Provide name & title] I, _____, the fee owner (or authorized signatory) of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider firm: _____ Address: _____

Contact person: _____ Telephone: _____ Email: _____

Contact's title/ relationship with the firm: _____

Private Provider (Qualifier for the firm): _____ Florida license # _____

(1) I have elected to use one or more Private Providers to provide building code plans review and/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, 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.

(2) 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.

(3) 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 plans 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.

(4) The following attachments are on file with the City of Miami, pursuant to §553.791, Florida Statutes:

- Qualification statements and/or resumes of the Private Provider and all Duly Authorized Representatives.
- Proof of insurance for professional 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. If the insurance coverage is provided on a claims-made basis, the coverage must be maintained for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to § 553.791(17), F.S.

Signed by Individual: ☐ (SELECT ONE) ☐ Signing for Corporation ☐ or Partnership ☐

Print name: _____ Business name: _____

Signature: _____ By (name/title): _____

Address: _____ Signature: _____

Telephone: _____ Address & Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared _____, individually (or on behalf of the stated corporation/partnership), 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: _____ Print Name: _____ (NOTARY PUBLIC SEAL)