

PRIVATE PROVIDER PROGRAM



CHANGE OF PRIVATE PROVIDER SERVICES

04-07-2022

Form A.3

This form is used for the following requests:

1. Change from one Private Provider firm to another.
2. Change the level of services of the Private Provider (Inspections only or Plans Review and Inspections.
3. Both of the above.
4. Change from Private Provider to City of Miami plan review and/or inspections (restrictions apply).

NOTE: A revised Notice to Building Official (Form A.1) is required, except for Request #4.

PROJECT IDENTIFICATION

Process Number: _____ **Permit Number:** _____

Job Address: _____

CURRENT STATUS (From)

Private Provider Firm: _____ **Contact Name:** _____

Services: ☐ Plans review & Inspections ☐ Inspections only **Telephone:** _____

PROPOSED CHANGE (To)


☐ **City of Miami Building Department**


☐ **Private Provider Firm:** _____ **Contact Name:** _____

Services: ☐ Plans review & Inspections ☐ Inspections only **Telephone:** _____

OWNER'S AUTHORIZATION

[Provide name & title] I, _____, the fee owner (or authorized signatory) of the property referenced above, who personally executed a previous Notice to Building Official (NTBO) for this project, am hereby rescinding said NTBO to effect the change(s) described above. I will execute a new NTBO to reflect this new information, as may be required, and will submit same to the Building Department. I understand that the City will not consider any changes until the new NTBO is accepted.

☐ **Individual**  **Print Name:** _____ **Signature:** _____

☐ **Corporation or Partnership**  **Name of Business Entity:** _____

By: _____ (signature) **Print name & title:** _____

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)