



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review Inspections

NOTE: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

I, _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ **Fax:** _____

Email (Optional): _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plans review and/or inspection 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.

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional liability in the amount 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.

Individual

Corporation

Partnership

| | |
|----------------------------------|----------------------------------|
| Print Corporation Name _____ | Print Partnership Name _____ |
| By: _____ (Signature) | By: _____ (Signature) |
| Print Name: _____ | Print Name: _____ |
| Address: _____ _____ _____ | Address: _____ _____ _____ |
| Tel. No.: _____ | Tel. No.: _____ |

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Corporation

Partnership

| | | |
|---|---|--|
| Before me, this _____ day of _____, 20____ personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. | Before me, this _____ day of _____, 20____ personally appeared _____ of _____, a _____ corporation , on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed. | Before me, this _____ day of _____, 20____ personally appeared _____, partner/agent on behalf of _____, a 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 identification produced: _____

Signature of Notary: _____

Print Name: _____

Notary Public: NOTARY STAMP BELOW

My Commission expires:



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Project Name: _____

Project Tax ID: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with most current version of the Florida Building Codes and all local amendments by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ **Plan Sheets:** _____

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____ being personally known to me _____, or having produced as identification _____ and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My Commission expires:



**PRIVATE PROVIDER
DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT**

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a second form if necessary)

| NAME | LICENSE NUMBER |
|------|----------------|
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SIGNATURE OF THE PRIVATE PROVIDER: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed before me this _____ day of _____, 20____

Personally known to me Produced identification; Type _____

Signature, Notary Public - State of Florida

Printed, Typed or Stamped Name of Notary

My Commission expires:



SPOT SURVEY AFFIDAVIT

It is the responsibility of the CONTRACTOR to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PER THE DIRECTION OF THE BUILDING OFFICIAL, NO CONSTRUCTION ACTIVITY IS ALLOWED AFTER THE SLAB IS POURED UNTIL A SPOT SURVEY & ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY THE CITY OF NAPLES BUILDING & ZONING DIVISION. No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a C.O.

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by the City of Naples Building Department pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Notary for Contractor

STATE OF _____

COUNTY OF _____

Before me this day personally appeared _____

Who, being duly sworn deposes and says that he has read, understands, and agrees to comply with all the aforementioned conditions.

Contractor's Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature, Notary Public - State of Florida

My Commission expires:

Printed, Typed, or Stamped Name of Notary

If you have any questions regarding this Affidavit or its intent, please contact the City of Naples, Florida at (239) 213-5020.



**PROJECTS UTILIZING ALTERNATIVE PLANS REVIEW AND INSPECTION SERVICES
AS AUTHORIZED BY FLORIDA STATUTE 553. 791
(PRIVATE PROVIDER)**

Note that the following shall be required in accordance with the governing statutes and codes on all Private Provider projects:

- In accordance with **553.791 (9),f.s.** a private provider performing required inspections under this section shall provide notice to the local building official of the date and approximate time of any building code inspection no later than the prior business day by 2 p.m.

Such notice shall be given to the email address below:

INSPECTIONS@NaplesGov.com

In the email SUBJECT list:

1) Permit number, 2) Address, 3) Date/Time, 4) Inspection code and description.

EXAMPLE: 159999, 123 Smith Street South, 4/7/15@ 2pm, 124 Slabs, 132 columns

Multiple inspections may be included within the same email if they fit in the subject line.

Do not include anything in the body of the message; only the subject will be viewed. There will be no response to these emails.

- In accordance with **553.791(10),f.s.** upon completing the required inspections the private provider shall post each completed inspection record at the project site and provide all such inspection records to the Building Official with the private provider's Certificate of Compliance upon completion of the project. Records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local Building Official. The private provider shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.
- In accordance with **713.135(d),f.s.** prior to the first inspection a **certified copy** of the recorded Notice of Commencement must be provided to the building department.
- In accordance with **FBC(B) 110.3(1.1)** A Spot Elevation Certification shall be provided to the Building Official after placement of the lowest floor, prior to further vertical construction.
- **Failure to abide by the above policies may result in a stop work order.**
- Per building Department policy a Spot Site Survey shall be provided for Planning and Zoning review after placement of the lowest floor, prior to further vertical construction.



PRIVATE PROVIDER APPLICATION CHECKLIST

Note: The following items must be completed prior to the release of any permits.

- Notice to Building Official Form completed
- Private Provider Plan Compliance Affidavit
- Duly Authorized Representative Employment Affidavit
- Spot Survey Affidavit
- Liability Insurance
- Two completely assembled sets of signed and sealed plans
- Fully completed permit application

NO CONSTRUCTION ACTIVITY IS ALLOWED AFTER SLAB IS Poured UNTIL A SPOT SURVEY HAS BEEN SUBMITTED TO AND APPROVED BY THE CITY OF NAPLES BUILDING AND ZONING DIVISION.

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.

Recorded Notice of Commencement must be posted if the project valuation exceeds \$2,500.00
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

For more information regarding private provider guidelines, please refer to: FLORIDA STATUTE 553.791 ALTERNATIVE PLANS REVIEW AND INSPECTION.