



# Notice to Building Official

Office of Planning and Development  
Building Division  
330 W. Church St.  
P.O. Box 9005, Drawer GM02  
Bartow, FL 33831-9005  
(863)534-6080

[www.polk-county.net](http://www.polk-county.net)

## 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: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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 or structure 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 in accordance with FL. 553.791, which states in part “A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term “construction cost” means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best’s rating of A. Before providing building code inspection services within a local building official’s jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.”

**(Please select the appropriate identification block.)**

**Individual**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Corporation**

Print Name: \_\_\_\_\_ By (Signature): \_\_\_\_\_

Print Corporation Name: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

**Partnership**

Print Name: \_\_\_\_\_ By (Signature): \_\_\_\_\_

Print Partnership Name: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

**(Please select the appropriate notary block.)**

**Individual:**

Before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of, 20\_\_\_\_ personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that the same was executed for the purposes therein expressed.

**Corporation:**

Before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, 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 the same was executed for the purposes therein expressed.

**Partnership:**

Before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of, 20\_\_\_\_ personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a partnership, who executed the foregoing instrument and acknowledged before me that the same was executed for the purposes therein expressed

Personally known \_\_\_\_; or Produced identification \_\_\_\_; Type of identification produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My Commission Expires

(Notary stamp/seal)