



**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of Use of**  
**Private Provider**  
**Effective January 1, 2025 61G20-**  
**2.005, F.A.C.**

Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Services to be provided:                       Plans Review     Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the

**Fee owner** /  **Fee owner's contractor**, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm:

Private Provider:

Telephone:

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 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 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, or within 2 business days before the next scheduled inspection, 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 prevention, fire safety, land use, environmental or other codes.

A complete and current registration and information package for Florida Building Code Compliance Authority, Inc. has been previously supplied to the jurisdiction including certificate of insurance(s), DBPR license numbers of all inspectors and plans examiners employed by FBCCA and relative contact information.

Individual

Corporation

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Address (line 1)

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

\_\_\_\_\_  
Address (line 2)

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TO:** STAKE HOLDERS AND APPLICANTS \_\_\_\_\_  
**FROM:** VALENTINO PEREZ, BUILDING & ZONING DIRECTOR  
**SUBJECT:** USE OF PRIVATE PROVIDERS FOR PLAN REVIEW AND/OR  
INSPECTIONS \_\_\_\_\_

06/5/2025

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**PURPOSE:**

**EFFECTIVE DATE**

**06/04/2025**

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To establish guidelines when a fee owner or fee owner's contractor of proposed buildings elects plan review/inspections by private providers as authorized by Florida Statute 553.791

**AUTHORITY:**

Section 553.791 Florida Statutes

**POLICY:**

The Building Division will adhere to the regulations and protocols outlined in Section 553.791 of the Florida Statutes, ensuring compliance with state laws and promoting safety and accountability in all building practices.

**Attachments:**

Private Provider Plan Compliance Affidavit

Notice to Building Official of Use of Private Provider



## PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

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

Private Provider Qualifier: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

In accordance with Florida Statute §553.791 Section (6) pertaining to Private Provider Services, I hereby certify that to the best of my knowledge and belief, the plans submitted were reviewed for, and are in compliance with, The Florida Building Codes and all local amendments to the Florida Building Codes by the following, who is duly authorized to perform plans review pursuant to § 553.791, Florida Statute and holds the appropriate license or certificate.

The plans comply with the applicable codes:

Signature of Private Provider: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Florida License Number: \_\_\_\_\_

Project Name/Address:

Plan Sheets: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared, \_\_\_\_\_,

who executed the foregoing instrument and acknowledged that same was executed for the purposes therein expressed.

He/she is personally known or produced Identification. Type of ID \_\_\_\_\_

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

Notary Stamp/Seal

\*Building Code Administrator under part XII of Florida Statutes Chapter 468, Engineer under Florida Statutes § 471, or Architect under Florida Statutes § Chapter 481



# JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM

<b>PROVIDER NO. 1</b>	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	
<b>PROVIDER NO. 2</b>	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	