



Permit Number: _____ Project Name: _____ Parcel ID: _____

Property Address: _____

To be completed by the owner:

Services to be provided: Inspections Plan Review and Inspections

I _____, fee simple owner (or authorized agent) of the above referenced property, 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: _____ Ph: _____

Address: _____

Private Providers' Name: _____ Florida License # (PE, AR or BU): _____

To be completed by the Private Provider:

I, _____, do hereby affirm that the Duly Authorized Representatives listed below are my employees, and are entitled to receive unemployment compensation benefits under Chapter 443 F.S. 553.791(8).

Please provide the minimum requirements for insurance: **F.S Section 553.791(16)**

- Comprehensive liability of \$1 million per occurrence and \$2 million in the aggregate for project cost of \$5 million or less.
- Comprehensive liability of \$2 million per occurrence and \$4 million in the aggregate for project cost over \$5 million.

Duly Authorized Representative(s):

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Name: _____ Bldg Electrical Mechanical Plumbing License #: _____

Property Owner

Private Provider

 Print Name

 Print Name

 Signature

 Signature

 Notary Public, State of Florida

 Notary Public, State of Florida

State of Florida, County of _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

[NOTARIAL SEAL]

[NOTARIAL SEAL]



THE VILLAGE OF NORTH PALM BEACH
 COMMUNITY DEVELOPMENT DEPARTMENT
 420 U.S. HWY 1 • SUITE 21 • NORTH PALM BEACH, FLORIDA 33408
 561.841.3365 PERMITS@VILLAGE-NPB.ORG • WWW.VILLAGE-NPB.ORG

SPECIAL INSPECTOR
 (Licensed Engineer or
 Registered Architect)

In addition to the inspections specified in Sections 110.3 through 110.3.9, the building official is authorized to make or require other inspections of any construction work to ascertain compliance with the provisions of this code and other laws that are enforced by the department. The Special Inspector shall maintain progress inspection reports on-site during construction and must submit to the inspection report to the jurisdiction on a weekly basis. **NOTE:** The Building Official shall determine which discretionary inspections are to be delegated.

Permit Number: _____ Project Name: _____

Property Owner's Name: _____

Property Address: _____

Legal Description: Section _____ Block _____ Lot _____ Parcel ID _____

	YES	NO
1. Stem wall, monolithic slab on grade, footings/grade beams, pilings and pile caps	<input type="checkbox"/>	<input type="checkbox"/>
2. Lintel, tie beams, columns, masonry units, reinforcing steel and shoring	<input type="checkbox"/>	<input type="checkbox"/>
3. Structural steel, connections, welding, bolts and anchor rods	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>
5. Threshold building – F.S. Section 553.79(5)	<input type="checkbox"/>	<input type="checkbox"/>
6. Bldg. and structures of unusual design or methods of construction (windows/doors, structural and fire resistance integrity)	<input type="checkbox"/>	<input type="checkbox"/>
7. Building type 1 construction	<input type="checkbox"/>	<input type="checkbox"/>
8. Major structural alterations	<input type="checkbox"/>	<input type="checkbox"/>
9. Where the concrete design is based on comprehensive strength more than 3,000 pounds per square inch	<input type="checkbox"/>	<input type="checkbox"/>
10. Buildings with an area greater than 20,000 square feet	<input type="checkbox"/>	<input type="checkbox"/>
11. For buildings more than 2 stories in height	<input type="checkbox"/>	<input type="checkbox"/>
12. Pile driving	<input type="checkbox"/>	<input type="checkbox"/>

Architect/Engineering Firm Name: _____ Firm Registration #: _____

Email: _____ Ph: _____

Address: _____

Project Qualifier Name: _____ Signature: _____

License #: _____ Registered Architect Engineer

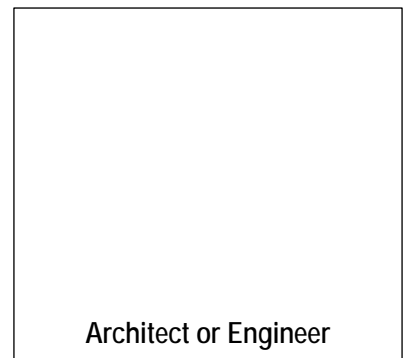
Email: _____ Ph: _____

Duly Authorized Representatives:

Name: _____ License #: _____

Name: _____ License #: _____

Name: _____ License #: _____





Permit Number: _____ Project Name: _____

Property Address: _____

Legal Description: Section _____ Block _____ Lot _____ Parcel ID _____

Definition:

Threshold Inspector: Any building which is greater than three stories or 50 feet in height, or which has an assembly occupancy classification as defined in the Florida Building Code which exceeds 5,000 square feet in area and an occupant content of greater than 500 persons.

F.S. 553.71(5)(a):

A structural inspection plan must be submitted to an approved by the enforcing agency before the issuance of a building permit for the construction of a threshold building. The purpose of the structural inspection plan is to provide specific inspection procedures and schedules so that the building can be adequately inspected for compliance with the permitted documents. The special inspector shall determine that a professional engineer who specializes in shoring has inspected the shoring and re-shoring for conformance with the showing plans submitted to the enforcing agency as required by FBC 110.7.

The following plans must be submitted by the designer of records:

1. Structural inspection plan (must be submitted prior to the issuance of the permit)
2. Shoring and re-shoring plan (must be submitted prior to the first inspection)

Property Owner's Name: _____

Architect/Engineering Firm Name: _____ Firm Registration #: _____

Email: _____ Ph: _____

Address: _____

Project Qualifier Name: _____ Signature: _____

License #: _____ Registered Architect Engineer

Email: _____ Ph: _____

Architect or Engineer

Duly Authorized Representative(s) per FAC 61G15-35-004(2)

Name: _____ License #: _____

Name: _____ License #: _____

Name: _____ License #: _____