

**Request to Building Official for  
Use of Private Provider**

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

Project Address: \_\_\_\_\_, Royal Palm Beach, FL 33411

Permit Number: \_\_\_\_\_ - \_\_\_\_\_ Property Control Number: \_\_\_\_\_

Services to be provided: Plans Review and Inspections \_\_\_ Inspections Only \_\_\_

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 (OWNER), \_\_\_\_\_, 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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (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, copies of DBPR Licenses and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a provide provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Individual**

**Corporation**

**Partnership**

\_\_\_\_\_  
 (signature)  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
 Print Corporation Name  
 By: \_\_\_\_\_  
 (signature)  
 Print Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
 Print Partnership Name  
 By: \_\_\_\_\_  
 (signature)  
 Print Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

**Please use appropriate notary block.**

STATE OF: \_\_\_\_\_  
 COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_  
 COUNTY OF: \_\_\_\_\_

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 know \_\_\_\_\_; or Produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Notary Name (typed, printed or stamped)

My commission expires:

**(SEAL ABOVE)**

**Private Provider**  
**Plan Review Affidavit**

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 the Florida Building Code and all local amendments to the Florida Building Code 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: \_\_\_\_\_

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

\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

State of: Florida

County of: \_\_\_\_\_

**SWORN AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_ being personally known to me \_\_\_\_\_ or 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 or Type Notary Name

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

[SEAL]

## Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Village of Royal Palm Beach Alternative Plan Review and Inspection registration program.

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)

Print License Holders Name as it appears on License	License Number(s)	Expiration Date of License

**SIGNATURE OF PRIVATE PROVIDER:** \_\_\_\_\_

State of: Florida  
 County of: \_\_\_\_\_

**SWORN AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ being personally known to me \_\_\_\_\_ or 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 or Type Notary Name

My Commission Expires: \_\_\_\_\_  
[SEAL]

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FOR OFFICE USE ONLY

Based on the information submitted I \_\_\_\_\_ Accept \_\_\_\_\_ Deny the use of the Private Provider.  
 \_\_\_\_\_, Director of Community Development    Date: \_\_\_\_\_

**Property Owner's Acknowledgment**  
(Requesting use of Private Provider)

Property Address: \_\_\_\_\_, Royal Palm Beach, FL 33411

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 Section 553.791, State 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 permit application submitted or being submitted for this project.

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name of Property Owner)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

[Seal]

\_\_\_\_\_  
(Print, Type or Stamp Name of Notary Public)



**A legible copy of each license listed on the previous page must be attached along with the required insurance certificate listing Village of Royal Palm Beach as additional insured (example attached).**