

**VILLAGE OF ROYAL PALM
BEACH**
**Request to Building Official for Use of
Private Provider 10.24**

Project Name: _____

Project Address: _____, Royal Palm Beach, FL 33411

Permit Number: _____ - _____ Property Control Number: _____

Services to be provided: Plans Review and Inspections _____ Inspections Only _____

(Plans Review must include Inspection Services)

Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

Private Provider Acknowledgement
(PP Entity)

I (PRINCIPAL OWNER, print name), _____, affirm to have entered into contract as the Private Provider below to conduct services indicated above.

Private Provider Firm: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

I have contracted with the Owner to provide alternate 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 shall be included with this completed request as required:

1. Copies of DBPR Licenses of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability per s.553.791 in amounts specified per value of project and 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.

(Private Provider Principal shall provide Notarized signature per selected business organization below)

Individual	Corporation	Partnership
_____	_____	_____
(signature)	Print Corporation Name	Print Partnership Name
Print	By: _____	By: _____
Name: _____	(signature)	(signature)
Address: _____	Print	Print
_____	Name: _____	Name: _____
Telephone	Its: _____	Its: _____
No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone	Telephone
	No.: _____	No.: _____

Please use appropriate notary block.

STATE OF: _____
COUNTY OF: _____

STATE OF: _____
COUNTY OF: _____

STATE OF: _____
COUNTY OF: _____

Individual

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.

Corporation

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.

Partnership

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)

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

Property Address: _____, Royal Palm Beach, FL 33411

I (PROPERTY OWNER) print name: _____ 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

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 or Type Notary Name

Private Provider
Plan Review Affidavit

NO PLAN REVIEW SERVICES PROVIDED: _____ (Check and skip section if applicable)

Private Provider Firm: _____

Private Provider Principal: _____

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
My Commission Expires: _____

Print or Type Notary Name

[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 Principal, 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]

Inspection Scheduling and Results Submission Directive

Inspections must be received and scheduled by 2pm the day previous to inspection date and results must be submitted within 2 business days after inspection via your VRPB assigned “project and permit specific email”. Any inspection that does not pass, requires the specific code section related to the resulted denial and comment as to why it failed.

- **Inspections shall be scheduled and resulted ONLY via your VRPB ASSIGNED “project and permit specific email” provided below.**
- Each specific email **shall “ONLY” contain request and or result reports for “ONE” permit number.** Multiple trades results encouraged.
- Each specific email **“Subject Line” shall contain the PP Company name, Project name, Building number or address and VRPB permit number.**
- Information within the body of your email only include scheduling and or results for **“ONE” permit number** and each action shall include the following:
 - **INSPECTION SCHEDULING:**
 - Inspection Date
 - Inspection Type per VRPB inspection codes
 - **INSPECTION RESULTS:**
 - **Copy of Inspection report to contain:**
 - Inspection Date
 - Inspection Type per VRPB inspection codes
 - Inspector Name and Certification number
 - Inspection Results
 - Comments- including specific FBC reference as needed

“CERTIFICATE OF COMPLIANCE”, CLOSE OUT STATEMENT AND INSPECTION RESULT REPORTS COMPILATION

Upon completion of all construction final inspections, inclusive of all internal and or external agency inspections having been resulted, the PP shall submit a final “Certificate of Compliance” which shall identify on the PP letterhead, signed by the PP authorized agent, the specific Project location and Permit Number attesting to hereby certify that to the best of their knowledge and belief, the plans submitted were reviewed and inspected to have been constructed 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 and in-progress inspections pursuant to s.553.791, Florida Statute and holds the appropriate license or certificate.

A complete electronic file compilation of all inspection result reports in PDF format pertaining to the specific Project and Permit Number shall accompany the “Close Out Statement.”

All AFTER permit issuance documents, required Surveys, Elevation Certificates, Final Drainage Affidavits, supporting soil density, core boring results, termite treatment, truss engineering, NOC and any additional testing certifications or documents, Inspection scheduling, Inspection results and Certificates of Compliance shall be submitted via your following VRPB ASSIGNED “project and permit specific email address” below:

(VRPB OFFICE ONLY)

VRPB ASSIGNED “Project and Permit Specific” email address: _____

I acknowledge, understand and will adhere to outlined directives above: _____
(Private Providers Signature)

A valid and legible copy of each Principal and Duly Authorized Representative's license listed on previous pages AND a copy of the required insurance certificate listing the Village of Royal Palm Beach as additional insured MUST be attached and included with each submittal.

Based on the information submitted and reviewed, I ____ Accept ____ Deny the use of above Private Provider Request Application.

_____, Director of Community Development