



VILLAGE OF ROYAL PALM BEACH
Notice to Building Official- Requesting Use of Private Provider (Updated 4/25)

Project Name: _____

Project Address: _____, Royal Palm Beach, FL 33411

Permit Number: _____ - Parcel Control Number (PCN): _____

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

Plans Review must include Inspection Services

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.

Property Owner's or Property Owner's Contractor Acknowledgment
(Requesting Use of Private Provider)

Property Address: _____, Royal Palm Beach, FL 33411.

I, Property Owner or Owner's contractor, _____ have
(Print Name)

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 § 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.

Private Provider Firm: _____

Private Provider Qualifier (for the Firm): _____

Florida License, Registration or Certificate Number: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____



If I, the fee owner, or the fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers, I, the fee owner, or the fee owner's contractor shall, within one (1) business day after any change or within two (2) business days before the next scheduled inspection, update this notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change.

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, FEMA regulations or other applicable codes.

The following attachments shall be included with this completed request as required:

1. Copies of valid DBPR Licenses of the private provider qualifier and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability per § 553.791 in amounts specified per value of project and occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Signature of Property Owner or Property Owner's Contractor

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization 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 Compliance Affidavit

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

Private Provider Firm: _____

Private Provider Qualifier: _____

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, all local amendments to the Florida Building Code, and all applicable codes by the following affiant, who is duly authorized to perform plans review pursuant to § 553.791, Florida Statutes and holds the appropriate license or certificate.

Signature of Reviewer: _____

Printed Name: _____

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

State of _____

County of _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me by means of [] physical presence or [] online notarization 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]

Signature of Duly Authorized Representative if used for plan review in addition to Private Provider's signature.

Signature of Plans Examiner: _____

Printed Name: _____

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

State of _____

County of _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me by means of [] physical presence or [] online notarization 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]



Employment Affidavit

For Private Provider Duly Authorized Representatives (DAR), as per § 553.791(4)(b), Florida Statutes.

Florida Statutes 553.791(8) requires that all Duly Authorized Representative(s) be employees of the Private Provider who is/are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representative(s) 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	State of Florida License Number(s)	Discipline(s)	Expiration Date of License

Private Provider Firm: _____

Signature: _____

Print Name: _____

State of _____

County of _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me by means of ☐ physical presence or ☐ online notarization 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]



Private Provider "Certificate of Compliance"

Instructions: Submit one certificate of compliance separately for each permit.

Date Issued: _____

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contractor Company Name: _____ Owner Builder: _____

Qualifier Name: _____ Qualifier Phone No.: _____

Project Name/Description: _____

Site Address: _____

Master Permit No.: _____ Subsidiary Permit No.: _____

Attestation statement:

As the private provider of record having performed and approved the required inspections, as indicated in the attached compilation of approved inspection logs, I hereby attest that to the best of my knowledge and belief

Select all applicable trades: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Roofing

The building components and site improvements outlined above and herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.

I also attest that all construction deviations from the original permit application, plans, and all necessary shop drawings have been filed with the Building Department in the form of permit revisions and in compliance with all the provisions of the law. This document is being prepared in accordance with § 553.791(13), Florida Statutes and is being submitted to the Village of Royal Palm Beach Building Department at the time of the final inspection for the above-referenced permit.

Private Provider's Name: _____ License No.: _____

Signature: _____

State of _____

County of _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me by means of [☐] physical presence or [☐] online notarization 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

Inspection 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 are encouraged.
- **Each specific email “Subject Line” shall contain the Private Provider 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 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 Primary Provider shall submit a final “Certificate of Compliance” signed by the Private Provider with the required attestation in § 553.791(13), Florida Statutes.

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

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 Provider Signature)



A valid and legible copy of each Principal Qualifier and Duly Authorized Representative's licenses listed on previous pages AND a valid and legible copy of the State required insurance certificate, 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