

Notice of Building Official of Use of Private Provider

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____

Note: 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.

I, _____, the fee owner, affirm I have entered a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

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 code, 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 required 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.

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The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability per Florida Statutes s.533.791 (16).

(Please select the appropriate identification block)

Individual:

Print Name: _____
 By:(Signature): _____
 Address: _____
 Phone No(s): _____

Corporation:

Print Corporation Name: _____
 By:(Signature): _____
 Print Name: _____
 Address: _____
 Phone No(s): _____

Partnership:

Print Partnership Name: _____
 By:(Signature): _____
 Print Name: _____
 Address: _____
 Phone No(s): _____

(Please select the appropriate notary block)

STATE OF _____ COUNTY OF _____

Individual:

Before me by means of physical presence or online notarization, this _____ day of _____, 202____, personally appeared _____ who executed the foregoing instrument and acknowledged before me that the same was executed for the purposes therein expressed.

Corporation:

Before me by means of physical presence or online notarization, this _____ day of _____, 202____, personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that the same was executed for the purposes therein expressed.

Partnership:

Before me by means of physical presence or online notarization, this _____ day of _____, 202____, ~~person~~ appeared _____, partner/agent on behalf of _____, a partnership, who executed the foregoing instrument and acknowledged before me that the same was executed for the purposes therein expressed.

Personally known ; or Produced identification ; Type of identification produced _____

 Signature of Notary

 Print Name

Notary Public:

My commission expires: _____

(Notary Stamp/Seal)