



## QUALITY ASSURANCE MINIMUM GUIDELINES - PRIVATE PROVIDERS

### 1.0 SCOPE

This guideline establishes the minimum requirements for private providers performing alternative plan reviews and inspections in Miami-Dade County. The purpose of these guidelines is to ensure compliance with statutory requirements, building code standards and maintain public safety.

### DEFINITIONS

**DULY AUTHORIZED REPRESENTATIVE (DAR)** - An agent of the *private provider* identified in the permit application who reviews plans or performs inspections as provided under F.S. 553.791 and who is licensed as an engineer under F.S. chapter 471 or as an architect under F. S. chapter 481 or who holds a standard or provisional certificate under part XII of F.S. chapter 468. A duly authorized representative who only holds a provisional certificate under part XII of F. S. chapter 468 must be under the direct supervision of a person licensed as a building code administrator under part XII of F. S. chapter 468. The duly authorized representative must be an employee of the *private provider* entitled to receive reemployment assistance benefits under F.S. Chapter 443.

**IMMEDIATE THREAT TO PUBLIC SAFETY AND WELFARE** - A building code violation that, if allowed to persist, constitutes an immediate hazard that could result in death, serious bodily injury, or significant property damage. This paragraph does not limit the authority of the local building official to issue a Notice of Corrective Action at any time during the construction of a building project or any portion of such project if the official determines that a condition of the building or portion thereof may constitute a hazard when the building is put into use following completion as long as the condition cited is shown to be in violation of the building code or approved plans.

**PRIVATE PROVIDER** - A person licensed as a building code administrator under part XII of F.S. chapter 468, as an engineer under F.S. chapter 471, or as an architect under F.S. chapter 481. For purposes of performing inspections under this section for additions and alterations that are limited to 1,000 square feet or less to residential buildings, the term "*private provider*" also includes a person who holds a standard certificate under part XII of F.S. chapter 468.

**PRIVATE PROVIDER FIRM** - A business organization, including a corporation, partnership, business trust, or other legal entity, which offers services under F.S. 553.791 to the public through licensees who are acting as agents, employees, officers, or partners of the firm. A person who is licensed as a building code administrator under part XII of F.S. chapter 468, an engineer under F.S. chapter 471, or an architect under F.S. chapter 481 may act as a *private provider* for an agent, employee, or officer of the *private provider firm*.

## 2.0 REGISTRATION

- 2.1 Miami-Dade County Board and Code Administration Division (BCAD) shall register all *private provider firms*, *private providers* and *duly authorized representatives* performing alternative plan review and inspections throughout all jurisdictions in Miami-Dade County. The list of *private providers* and duly authorized representatives will serve as the qualified list of personnel that may perform plan reviews and inspections on any project within Miami-Dade County.
- 2.2 Documents required for registration:
1. *Private provider firm* - Certificate of Insurance (COI) verifying professional liability covering all services performed as a *private provider* in the type and amounts required by State law, F.S. 553.791 (18) and registration for at least one *private provider*.
  2. *Private provider* - A copy of engineer, architect or building code administrator license and resume of qualifications for one or more *private providers* who will qualify the firm.
  3. *Duly Authorized Representatives – Duly Authorized Representative* Employment Affidavit form listing all *DARs*, license or certificate numbers and trade discipline.

## 3.0 PERMIT SUBMITTAL

- 3.1 When providing plan review services, the permit submittal documents shall include the Notice to Building Official, Plan Compliance Affidavit, the *private provider* approved plans and all other required construction documents applicable to the proposed scope of work.
- 3.2 When providing inspections only, the permit applicant must submit a Notice to Building Official at the time of permit application, or by 2 p.m. local time, 2 business days before the first scheduled inspection by the local building official or building code enforcement agency.
- 3.3 The local Building Official may require an updated Certificate of Insurance (COI) verifying professional liability covering all services performed as a *private provider* in the type and amounts required by State law, F.S. 553.791 (18) for each permit submittal.
- 3.4 The Private Provider Plan Compliance Affidavit form is used by the *private provider* to attest to the Building Official that the plans submitted by the *private provider* were reviewed for and follow the Florida Building Code and all local amendments to the Florida Building Code. The affidavit must include the name and license number(s) of the plan examiner(s) and a list of all plan sheets approved by the *private provider*



or *DAR*. The affidavit must include a statement indicating that the *private provider* has verified the validity of design professionals' signatures. The affidavit must be concatenated with all approved sheets and shall be submitted as a single concatenated document, digitally signed by the *private provider*.

- 3.5 When the fee owner's contractor elects to use the services of a *private provider*, the permit submittal must include a copy of the written authorization required by 553.791(2)(a) F.S. See TAB G.

#### **4.0 PLAN REVIEW**

- 4.1 The Building Official may review the plans in the form of a quality check within the allowable time as per F.S. 553.791 (10). Any plan deficiencies resulting from the quality check shall be provided in a written notice to the permit applicant.
- 4.2 The Building Official may verify the plan reviewer's credentials on the RER BCAD online information system.
- 4.3 No work shall be performed prior to issuance of the permit.

#### **5.0 DEFERRED SUBMITTALS (SHOP DRAWINGS) AND SUBSIDIARY PERMITS**

- 5.1 Work by subcontractors shall not be inspected until the required trade sub-permit is obtained.
- 5.2 Installation of products, equipment and other items not fully detailed in the approved construction drawings shall not be inspected until the deferred submittal (shop drawing) is submitted and approved by the Building Official, and a separate permit is issued, if required.

#### **6.0 SITE VISITS AND INSPECTIONS**

- 6.1 The Building Official may require a preconstruction meeting prior to permit issuance or commencement of construction. The Building Official may require any or all the following to attend: *private provider*, contractor of record, the property owner or property owner's representative.
- 6.2 A *private provider* firm performing required inspections under F.S. 553.791 shall inspect each phase of construction as required by the applicable codes. No inspections shall be performed prior to the issuance of the permit.
- 6.3 The *private provider* may have a *duly authorized representative* perform the required inspections, provided the *DAR* is registered with BCAD for the *private provider firm*



and all required reports are prepared by and bear the digital signature of the *private provider* or the private provider's *duly authorized representative*, whichever individual performs the inspection.

- 6.4 All inspections shall be scheduled through the Building Department inspection scheduling system in the same manner as required for all permits issued by the local building department.
- 6.5 The local building official may visit the building site as often as necessary to verify that the *private provider* is performing all required inspections, and the inspections reflect the actual progress of the work.
- 6.6 The *private provider* shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.
- 6.7 When deficiencies are found involving a noncomplying item related to the building code or permitted documents, a notice must be posted by the Building Official or the *private provider*. Such notice may be physically posted at the job site or electronically posted. After corrections are made, the item must be reinspected by the *private provider* or *duly authorized representative* before being concealed.
- 6.8 Florida Statutes do not limit the authority of the local building official to issue a stop work order for a building project or any portion of the project, as provided by law, if the official determines that a condition on the building site constitutes an *immediate threat to public safety and welfare*, subject to the requirements of F.S. 553.791 (15).

## **7.0 CHANGE OF PRIVATE PROVIDER FIRM OR PRIVATE PROVIDER**

- 7.1 A change of *private provider* on a project at any phase, either plan review or inspections, requires a new Notice to Building Official for the new *private provider*.
- 7.2 A change of *private provider firm* in the plan review phase to either the municipality or another *private provider firm* shall require a new Notice to Building Official. This will require registration with BCAD of the successor *private provider firm*, *private provider* and all *DAR's* if applicable as well as all documents required as per section 3.1 of these guidelines.
- 7.3 A change of *private provider firm* in the inspection phase to either the municipality or another *private provider firm* shall require a new Notice to Building Official and a copy of all inspection reports completed by the previous *private provider firm*.

## **8.0 PERMIT CLOSE OUT, CERTIFICATE OF COMPLETION OR CERTIFICATE OF OCCUPANCY REQUESTS**



- 8.1 Upon completing the required inspections at each applicable phase of construction, the *private provider* shall record such inspections on a form acceptable to the local building official in compliance with F.S. 553.791(9). The form must bear the written or electronic signature of the *private provider* or the private provider's *duly authorized representative*.
- 8.2 Unless electronically posted, as defined in F.S. 553.791 (1)(i), records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local building official.
- 8.3 Upon completion of all required inspections, the *private provider* shall prepare a certificate of compliance complying with F.S. 553.791 (13).

## **9.0 DISPUTE RESOLUTION**

- 9.1 Pursuant to F.S. 553.791(15)(b) - If the local building official and *private provider* are unable to resolve a dispute, the matter shall be referred to the Miami-Dade County Board of Rules and Appeals, which shall consider the matter at its next scheduled meeting or sooner. Any decisions by the Miami- Dade County Board of Rules and Appeals may be appealed to the Florida Building Commission, in accordance with applicable law.
- 9.2 Pursuant to F.S. 553.791(15)(c) - Any decisions regarding the issuance of a building permit, certificate of occupancy, or certificate of completion may be reviewed by the Miami-Dade County Board of Rules and Appeals. Any such decision by the Miami-Dade County Board of Rules and Appeals may be appealed to the Florida Building Commission, which shall consider the matter at a scheduled meeting in accordance with applicable law.



## **APPENDIX**

- Form 1      Broward Country Uniform Building Permit Application**
  
- Form 2      Certificate of Liability Insurance Notice to Building Official (B.O)**
  
- Form 3      Duly Authorized Representative Employment Affidavit**
  
- Form 4      Notice to B.O of Use of Private Provider (P.P.)**
  
- Form 5      Fee Owner's Authorization to B.O for Use of P.P. Form**
  
- Form 6      Standardized P.P. Plan Compliance Affidavit**
  
- Form 7      List of Plan Sheets Approved by the P.P. OR DAR**
  
- Form 8      P.P. Notification to B.O of Inspection Request**
  
- Form 9      P.P. Notification to B.O of Inspection Report**
  
- Form 10     Standardized P.P. Certificate of Compliance**

## BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-14-2025

Select One Trade: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other \_\_\_\_\_

Private Provider? ☐ YES ☐ NO If yes, attach Form # 61G20-2.005-2002.01

Application Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

1

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Tax Folio No.: \_\_\_\_\_ Flood Zn: \_\_\_\_\_ BFE: \_\_\_\_\_ Floor Area: \_\_\_\_\_ Job Value: \_\_\_\_\_

Building Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Description of Work: \_\_\_\_\_

☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☐ Other: \_\_\_\_\_

Legal Description: \_\_\_\_\_ ☐ Attachment

2

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3

Contracting Co.: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ Owner-Builder License Number: \_\_\_\_\_

☐ License Exempted per F.S. 489.117(4)(a)1 Business Tax Receipt Number: \_\_\_\_\_

4

Architect/Engineer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Bonding Company's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee Simple Titleholder's Name (If other than the owner) \_\_\_\_\_

Fee Simple Titleholder's Name  
(If other than the owner) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Lender's Name: \_\_\_\_\_

Mortgage Lender's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Agent name & address	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Insurance Company	FL #
INSURED	Private Provider Firm name & address	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Liability		Policy Number			Limits as per F.S. 553.791(18)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Town of Pembroke Park  
 3150 Sw 52nd Avenue  
 Pembroke Park, FL 33023

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## AUTHORIZED REPRESENTATIVE

Signature here

This affidavit is required pursuant to the  
Miami-Dade County Alternative Plan Review and Inspection Registration Program.

**DULY AUTHORIZED REPRESENTATIVES:** (List individually; use a second form if necessary)

[illegible]



**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

**SIGNATURE OF THE PRIVATE PROVIDER**\_\_\_\_\_

**PRIVATE PROVIDER FIRM**\_\_\_\_\_

**STATE OF FLORIDA COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me by means of ☐ physical presence OR ☐ online notarizations

this\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by\_\_\_\_\_ **Signature of Notary Public**\_\_\_\_\_

Print Name\_\_\_\_\_

Personally known\_\_\_\_\_

(SEAL)

Or Produced Identification \_\_\_\_\_



## **Notice to Building Official of Use of Private Provider**

Rev/Effective January 1, 2025

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

**Parcel Tax ID:** \_\_\_\_\_

**Services to be provide:**    ☐ Plans Review        &/or        ☐ Inspections

Note: If fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the  
☐ **Fee Owner** / ☐ **Fee Owner's Contractor**, have entered a contract with the Private Provider indicated below to conduct the services indicated above.

**Private Provider Firm:** \_\_\_\_\_

**Private Provider:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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 or structure 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 or structure 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, or within 2 business days before the next scheduled inspection, 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 prevention, fire safety, land use, environmental or other codes.



**The following attachments are provided, as required:**

1. Qualification statements &/or resumes of the private provider & all duly authorized representatives.
2. A Certificate of Insurance as required by Section 553.791(18), Florida Statutes.

**Individual**

Print name

Address (line 1)

Address (line 2)

Phone Number

Email Address

Signature

Date

**Corporation**

Print name

Representative name

Address (line 1)

Address (line 2)

Phone Number

Email Address

Signature

Date

**Please use appropriate Notary Block**

**State Of** \_\_\_\_\_

**County of** \_\_\_\_\_

**Individual**

Sworn to and subscribed before me by means of  
☐ Physical presence OR ☐ Online notarizations this  
 \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
 who executed the foregoing instrument, and  
 acknowledged before me that same was executed  
 before me that same was executed for the purposes  
 therein expressed.

☐ Personally Known **OR** ☐ Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Printed Name \_\_\_\_\_

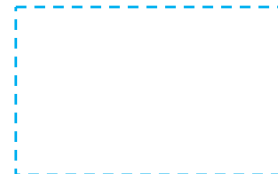
My Commission Expires: \_\_\_\_\_

**Corporation**

Sworn to and subscribed before me by means of  
☐ Physical presence OR ☐ Online notarizations this  
 \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
 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.

**NOTARY PUBLIC STAMP Below**





## **Fee Owner's Authorization to B.O for Use of Private Provider Form**

(Based on written authorization requirement of 553.791(2)(a) F.S.)

(Must be used when fee owner's contractor is signing Notice to B.O of Use of Private Provider Form)

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

**Folio No.:** \_\_\_\_\_

**Services authorized to be provided by private provider:**    ☐ Plan Reviews    ☐ Inspections

Note: If notice applies to either private plan review or private inspection services the Building Official may require, at his/her discretion and subject to duly adopted local policy, the private provider be used for both services pursuant to Section 553. 791(2)(a) Florida Statute.

I \_\_\_\_\_ the **Fee Owner**, affirm I have authorized my contractor to use the Private Provider indicated below to conduct the above-indicated services for the above-indicated project at the above-indicated property.

**Private Provider Firm:** \_\_\_\_\_

**Private Provider:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address (Optional):** \_\_\_\_\_

**Florida License, Registration or Certificate #:** \_\_\_\_\_

*I affirm* that I have authorized the contractor 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, if my contractor chooses to use a private provider, 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 &/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires a minimum insurance 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 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, building official, and their building code enforcement personnel from any & all claims arising from my contractor's 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* Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his/her charge pursuant to the standards established by s. 553. 791, Florida Statutes. If my contractor makes any changes to the listed private providers or the services provided by those private providers, he/she shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice to reflect such changes, and that I will update this authorization accordingly within the same timeframes. The building plans review &/or inspection services provided by the private provider are limited to building code compliance and do not include review for fire prevention, fire safety, land use, environmental or other codes.



**Please sign *only one* of the following entities**

**Individual****OR****Corporation****OR****Partnership**

\_\_\_\_\_  
Signature.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

\_\_\_\_\_  
Print Corporation Name

By: \_\_\_\_\_  
Signature.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

\_\_\_\_\_  
Print Partnership Name

By: \_\_\_\_\_  
Signature.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Please use appropriate Notary Block.**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**Individual****OR****Corporation****OR****Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, & 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 & acknowledged before me that same was executed for the purposes therein expressed.

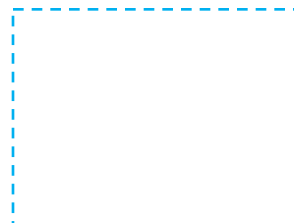
Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner or agent on behalf of \_\_\_\_\_ a **partnership**, who executed the foregoing instrument & before me acknowledged that same was executed for purposes expressed.

☐ Personally Known **OR** ☐ Produced Identification \_\_\_\_\_ Type of ID Produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Print Name \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTARY PUBLIC STAMP Below**





## STANDARDIZED PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider **Firm:** \_\_\_\_\_

Name of Private **Provider:** \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Project Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

Process No.: \_\_\_\_\_ (Check one): ☐ Master Permit (or) ☐ Revision/Shop Drawing

Master Permit No.: \_\_\_\_\_

### Private Provider Certification Section

**Select all applicable trades** ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Structural

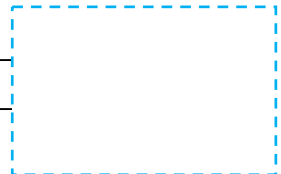
I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

**Private Provider Name:** \_\_\_\_\_ **Lic. No.:** \_\_\_\_\_

**Private Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Wet or digital signature & seal for architect or engineer, notary for building code administrator)

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



Seal/Signature/Date

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_ **Signature of Notary:** \_\_\_\_\_

Personally known to me or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)

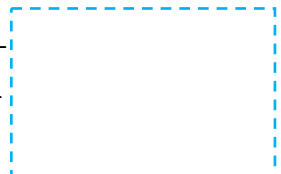
### Duly Authorized Representative for Plan Review Signature Certification Section

**Plans Examiner Name:** \_\_\_\_\_ **Lic. No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Wet or digital signature & seal for architect or engineer, notary for BCAIB certified plans examiner)

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



Seal/Signature/Date

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_ **Signature of Notary:** \_\_\_\_\_

Personally known to me or Produced identification (type) \_\_\_\_\_ (NOTARY SEAL)

**Note:** The private provider is *required* to attach a *list of all Plan Sheets* (Form # 7) *approved* by the private provider or DAR. The private provider *attests* it has verified the validity of the design professionals' signatures. The affidavit must be concatenated with all approved sheets and shall be submitted as a single concatenated document digitally signed by the private provider.





## **List of *Plan Sheets* Approved by the Private Provider or DAR**

Attachment to Form 6 (Plan Compliance Affidavit Form)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The private provider is *required* to attach a *list of all Plan Sheets* (Form # 7) *approved* by the private provider or DAR. The private provider *attests* it has verified the validity of the design professionals' signatures. The affidavit must be concatenated with all approved sheets and shall be submitted as a single concatenated document digitally signed by the private provider.



## PRIVATE PROVIDER NOTIFICATION TO B.O OF *INSPECTOR* REQUEST

Private Provider Firm: \_\_\_\_\_

Name of Private Provider: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Project Name/Description: \_\_\_\_\_

Site Address: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_ Owner Builder: ☐

Qualifier Name: \_\_\_\_\_ Qualifier Phone No.: \_\_\_\_\_

Master Permit No.: \_\_\_\_\_ Subsidiary Permit No.: \_\_\_\_\_

Trade: ☐ Structural ☐ Electrical ☐ Mechanical ☐ Plumbing

Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Inspection Report No.: \_\_\_\_\_

Inspection Category & Type: (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

Duly Authorized Rep. Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PRIVATE PROVIDER NOTIFICATION TO B.O OF *INSPECTON* REPORT

Private Provider Firm: \_\_\_\_\_

Name of Private Provider: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Project Name/Description: \_\_\_\_\_

Site Address: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_ Owner Builder: ☐

Qualifier Name: \_\_\_\_\_ Qualifier Phone No.: \_\_\_\_\_

Master Permit No.: \_\_\_\_\_ Subsidiary Permit No.: \_\_\_\_\_

Trade: ☐ Structural ☐ Electrical ☐ Mechanical ☐ Plumbing

Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Inspection Report No.: \_\_\_\_\_

Inspection Category & Type: (\_\_\_\_\_) \_\_\_\_\_ Disposition: ☐ Pass ☐ Fail ☐ Partial

Comments: \_\_\_\_\_

Additional Actions Required: ☐ Re-inspection Required ☐ Elevation Certificate Required  
☐ Plan Revision Required ☐ Shop Drawing Required  
☐ Subsidiary Permit Required ☐ Special Insp. Report Required  
☐ Other: \_\_\_\_\_

I hereby certify that the above inspection is true and correct and has been inspected in accordance with the applicable Florida Building Code, reference standards, and approved permit documents.

Duly Authorized Rep. Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **STANDARDIZED 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:** \_\_\_\_\_

### **Attestation statement:**

**Master Permit No.:** \_\_\_\_\_ **Subsidiary Permit No.:-** \_\_\_\_\_

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

As the private provider of record having performed and approved the required inspections, as indicated in the attached approved inspection log, *I hereby attest* that to the best of my knowledge, belief and professional judgment, covered by the above referenced permit has been approved in accordance with the approved plans and the provisions of all applicable laws and technical 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 dept. in the form of permit revisions & in compliance with all the provisions of the law. This document is being prepared in accordance with F.S. 553.791 (1 3) and is being submitted to the Broward County Building Department at the time of the final inspection for the above referenced permit.

### **Private Provider Certification Section (Architect or Engineer)**

I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

**Private Provider Name:** \_\_\_\_\_ **Lic. No.:** \_\_\_\_\_

**Private Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Wet or digital **signature & seal** for Architect or Engineer)



### **Private Provider Certification Section (Building Code Administrator)**

I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

**Private Provider Name:** \_\_\_\_\_ **Lic. No.:** \_\_\_\_\_

**Private Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Notary for Building Code Administrator)

