



Hardee County Building Department Private Provider Requirements

401 West Main Street
Wauchula, Florida 33873
Phone: 863-773-3236 Fax: 863-767-0360

The Hardee County Building Department is authorized to use "Private Providers" for alternate plan review and construction inspections per Florida Statue 553.791.

The following forms, official documents and information must be submitted to the Hardee County Building Department prior to the issuance of any permit.

1. A letter written by the Private Provider to the Hardee County Building Department stating all services to be provided to the fee owner.
2. Notice to Building Official of Use of Private Provider - Form # 9B-3.053-2002-01
3. Certificate of professional liability insurance as required by FS 553.791.16.
4. Private Provider Registration form and copies of all required licenses and certifications as listed in items 1 through 6 on this form. FS 553.791(15) (b)
5. Private Provider Duly Authorized Representatives form. FS 553.791 (4)
6. Private Provider Personal Identification form. 553.791 (4)
7. Private Provide Plan Compliance Affidavit. – Form # B-3.053-2002-02
8. Private Provider Job Site Identification Form. FS 553.791 (4) (b)

At the conclusion of the job the Private Provide shall submit the following documentation to the Building Department:

9. Certificate of Compliance form. FS 553.791 (11)
10. An official Inspection Log containing inspection dates, type of inspection, name of inspector and results. This log must be kept at the job site during construction.
11. Signed and sealed "As-Built" plans, ASIs and RFIs.

Form # 9B-3.053-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 20, 2003

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 into 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 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 by Section 553.791, Florida Statutes:

1. Qualification statements 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 and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to FS Section 553.791(16).

(Please notarize using the appropriate section below)

Individual By: _____ (signature) Print name: _____
Address: _____ Telephone: _____
STATE OF _____ COUNTY OF _____ 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.
Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____
Signature of Notary: _____ Print Name _____
Notary public stamp: _____ My commission expires: _____

Corporation Print Corporation Name: _____
By: _____ (signature) Print name: _____ Its: _____
Address: _____ Telephone: _____
STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, on behalf of the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.
Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____
Signature of Notary: _____ Notary Stamp: _____ Print Name _____

Partnership Print Partnership Name: _____
By: _____ (signature) Print name: _____ Its: _____
Address: _____ Telephone: _____
STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, partner/agent on behalf of the partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.
Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____
Signature of Notary: _____ Notary Stamp: _____ Print Name _____

Certificate of Professional Liability Requirements

Florida Statute 553.791 (16)

(16) A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider.

Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits.

For these purposes, the term “construction cost” means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best’s rating of A. Before providing building code inspection services within a local building official’s jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

PRIVATE PROVIDER REGISTRATION

Florida Statutes §553.791(15)(b) Rev. 10-01-2014

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Occupational license.
5. Copy of Driver's License.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name Hardee County as the certificate holder.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: _____ Signature: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

State of FLORIDA

SWORN AND SUBSCRIBED before me by _____, being personally known to me ___ or having produced as Identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires _____

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives FS 553.791(4) Rev. 10-01-2014

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

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:

Print name	Florida License no(s)	Discipline	Signature

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

Private Provider Name: _____

Florida License No. _____

SWORN AND SUBSCRIBED before me by _____
 being personally known to me ___ or having produced as identification
 _____, and who being fully sworn and cautioned, states
 that the foregoing is true and correct to the best of his/her knowledge and
 belief.

 Seal/Signature/Date

 Signature of Notary Print Name Date

Notary Public Stamp: My Commission Expires: _____

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & Qualifications Statement

Florida Statutes § 553 791(4) Rev. 10-01-2014

Use one page for each Private Provider or Duly Authorized Representative.

Project Name & Address: _____

Permit Number: _____

Provider or Duly Authorized Representative:	
Email address:	
Telephone:	Fax:
Florida professional licenses:	
Company:	
Address:	
Type of Service Performed:	

Qualifications Statement (or attach Resume):

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

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: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
being personally known to me _____ or having 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 Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

PRIVATE PROVIDER JOB SITE DIRECTORY

Rev. 10-01-2014

Project Name & Address: _____

Permit Number: _____

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

PRIVATE PROVIDER JOB SITE DIRECTORY, cont'd.

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Private Provider
CERTIFICATE OF COMPLIANCE
(Request for Certificate of Occupancy)

Florida Statutes §553.791(11) Rev. 10-01-2014

Project Name / Address: _____

Plan number: _____ Folio number: _____

Private Provider Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved plans and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

- Certificate of Occupancy Temporary Certificate of Occupancy
- Certificate of Completion Temporary Certificate of Completion

Respectfully submitted,

Private Provider Name: _____ L J
Seal/Signature/Date

Florida License No. _____

SWORN AND SUBSCRIBED before me by _____, being personally known to me ___ or having produced as Identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP HERE My Commission Expires: _____