

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 in the amount of \$1 million per 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.

Building, Electrical, Mechanical, Plumbing, and Gas reviews for code compliance will not be performed by city staff per 553.791(6)(7)(19) Florida Statute. City of Key Colony Beach government, the local building official, and their code enforcement personnel shall be immune from liability to any person or party for any action or inaction by a fee owner of a building, or by a private provider or its duly authorized representative, in connection with building code inspection services as authorized in 553.791 Florida Statutes.

Individual

Corporation

Partnership

Print Corporation Name

Print Partnership Name

By: _____
(signature)

By: _____
(signature)

(signature)
Print

Print

Print

Name: _____
Address: _____

Name: _____
Its: _____
Address: _____

Name: _____
Its: _____
Address: _____

Telephone
No.: _____

Telephone
No. _____

Telephone
No.: _____

Please use appropriate notary block.

STATE OF FLORIDA

COUNTY OF _____

Individual

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization this _____ day of _____, 20___.
by _____ who executed the foregoing instrument for the purposes there in expressed.

Corporation

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization this _____ day of _____, 20___.
by _____ who executed the foregoing instrument for the purposes there in expressed.

Partnership

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization this _____ day of _____, 20___.
by _____ who executed the foregoing instrument for the purposes there in expressed.

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

By _____
(Notary Public – State of Florida)

Notary signature

*If NTBO is completed by the Fee Owner’s contractor, then the **Fee Owner Authorization** affidavit must also be submitted.



**FEE OWNER AUTHORIZATION
for Contractor to Engage in
Private Provider Services pursuant to
553.791, Florida Statute**

The “Warranty Deed/Fee Owner”, identified below, hereby authorizes the “Contractor”, identified below, to contract with a “Private Provider”, identified below, for Alternative Plans Review and/or Inspection Services, pursuant to 553.791, Florida Statute. The law requires minimum insurance requirements for such personnel, but I (fee owner) 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. Furthermore, I agree to indemnify, defend, and hold harmless the City of Key Colony Beach government, the local building official, and their building code enforcement personnel from any and all claims arising from the 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 this permit application.

Private Provider Firm: _____

Private Provider Address: _____

Private Provider Phone: _____ Email: _____

Private Provider: _____

Florida License, Registration, or Certificate #: _____

Fee Owner Name: _____

Fee Owner Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____, 20____, by _____
(Name of Person Making Statement)

____ Personally known or ____ Produced identification _____
(Type of Identification produced)

By _____
(Notary Public – State of Florida)



**Private Provider
Plan Compliance Affidavit**

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 means of physical presence or online notarization, this _____ day of _____, 20____ by _____

Personally known OR Produced identification Type of identification produced _____

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM

Florida Building Commission

PROVIDER NO. 1	
Primary Contact:	
Email Address:	
Telephone Number:	
Fax Number:	
License Number:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit Number:	
Type of Service being Performed:	
Insurance Policy Number:	
Signed by _____ Provider	
PROVIDER NO. 2	
Primary Contact:	
Email Address:	
Telephone Number:	
Fax Number:	
License Number:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit Number:	
Type of Service being Performed:	
Insurance Policy Number:	
Signed by _____ Provider	



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE Request for Certificate of Occupancy

Date: _____

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide the City of Key Colony Beach with final disposition on the Building components inspected under our authority. I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes (check all that apply):

1. Building: YES _____ NO _____ N/A _____
2. Mechanical: YES _____ NO _____ N/A _____
3. Electrical: YES _____ NO _____ N/A _____
4. Plumbing: YES _____ NO _____ N/A _____
5. Gas: YES _____ NO _____ N/A _____

Private Provider Name: _____

License #: _____

Private Provider Signature

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by (printed name of owner or qualifier)

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license _____
- Has produced _____ as identification.

Notary Signature: _____