



## NOTICE TO BUILDING OFFICIAL (NTBO) of Use of Private Provider

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

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

Services to be provided:      Plans Review \_\_\_\_\_      Inspections \_\_\_\_\_

Note: Pursuant to Section 553.791(2) Florida Statute, the Building Official has determined that the use of private plan review requires the use of the private provider for both private plan review and private inspection services.

I \_\_\_\_\_,  
the fee owner \_\_\_\_\_ or the fee owner's contractor\* \_\_\_\_\_, 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:

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: \_\_\_\_\_

Name: \_\_\_\_\_  
Its: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

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

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

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: \_\_\_\_\_