

**City of Miami Building Department
Quality Control Section**

444 SW 2nd Avenue, 4th Floor Miami, Florida 33130

www.miami.gov/My-Government/Departments/Building/Private-Provider-Program



**PRIVATE
PROVIDER
PROGRAM**

NOTICE TO BUILDING OFFICIAL

§553.791(4), F.S.

Services to be provided (select one):

Plans Review and Inspections*

Inspections Only

**Pursuant to §553.791(2), F.S.: The City of Miami does not allow the use of Private Providers for plans review only.*

Plan / Permit number: _____

Project name: _____

Address: _____

Folio no.: _____

Private Provider firm: _____ Address: _____

Contact: _____ Title: _____ Tel: _____ Email: _____

Private Provider (Qualifying agent): _____ FL Lic. # _____ Signature: _____

Affirmation: I, (name) _____ as the (select one): [___ Fee owner (individual) of the property referenced above, or ___ Authorized signatory of the fee owner (provide title below), or ___ Fee owner's contractor, or ___ Fee owner's tenant (lessee), or ___ Tenant's contractor] hereby affirm that I have entered into a contract with the Private Provider firm identified above to conduct the building code inspection services specified herein, and:

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.

(2) 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.

(3) I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

Signed by Individual: (SELECT ONE) **Signing for Corporation** **Partnership** **Trust**

Print name: _____

Business name: _____

Signature: _____

By (name): _____

Address: _____

Title: _____

Telephone: _____

Telephone: _____ Signature: _____

STATE OF _____ COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Print Name: _____ (NOTARY PUBLIC SEAL)