

**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**

CHANGE OF PRIVATE PROVIDER SERVICES

This form is used for the following requests:

1. Change from one Private Provider firm to another*... and/or
2. Change the level of services of the Private Provider (Inspections only or Plans Review and Inspections.*
3. Change from Private Provider to City of Miami plan review and/or inspections (restrictions apply).

***NOTE: A revised Notice to Building Official (Form A.1) is required, except for Request #3.**

PROJECT IDENTIFICATION

Process number: _____ **Master permit number:** _____

Job address: _____

CURRENT STATUS (From)

Private Provider Firm: _____ **Contact Name:** _____

Services: Plans review & Inspections Inspections only **Telephone:** _____

PROPOSED CHANGE (To)

City of Miami Building Department (requires authorization from the Building Official)

Private Provider Firm: _____ **Contact Name:** _____

Services: Plans review & Inspections Inspections only **Telephone:** _____

OWNER'S AUTHORIZATION: I, (name) _____, the fee owner of the property referenced above, or, alternatively, the authorized signatory of the fee owner (provide title _____), who personally executed a previous Notice to Building Official (NTBO) for this project, or who currently has the authority to rescind the said NTBO, am hereby rescinding said NTBO to effect the change(s) described above. I will execute a new NTBO to reflect this new information, as may be required, and will submit same to the Building Department. I understand that the City will not consider any changes until the new NTBO is approved.

Individual Print Name: _____ Signature: _____

Corporation or Partnership Name of Business Entity: _____

By: _____ (signature) Print name & title: _____

Address: _____ Telephone: _____

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 SEAL)