

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**

FEE OWNER’S AUTHORIZATION TO USE PRIVATE PROVIDER

§553.791 (4)

*This is required whenever a property owner grants authority to their **tenant** or **general contractor** to use a Private Provider for building code inspection services in lieu of the City of Miami Building Department. Specifically, this includes authorization to sign and submit the Notice to Building Official (NTBO). This form must be submitted together with the NTBO. NOTE: If Authorized Signatories cannot be verified through FL Division of Corporations (sunbiz.org), submit corporate documents.*

Property address: _____ Folio number: _____

Select one of the following:

1) Fee Owner: _____ Individual

2) Fee Owner*: _____ Corporation Partnership Other

*Authorized Signatory: _____ Title: _____

Owner’s Authorization: I, (name) _____, the Owner (or Authorized Signatory) as described above, hereby authorize the following person* to file the Notice to Building Official (NTBO) in accordance with §553.791(4), F.S. and use a Private Provider for building code inspection services in connection with the project described below:

Process No: _____ Permit number (if applicable): _____

Description of Work: _____

*Authorized Person: _____ Company: _____

Address: _____ Telephone: _____

I declare under penalty of perjury that I am the fee owner for the address listed above and I personally filled out the above information and certify its accuracy.

Fee Owner / Authorized Signatory: _____ Signature: _____

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, 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 Public Print Name My Commission Expires: _____

(NOTARY SEAL)