



Development & Growth Management

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

City of Tampa Permit No: _____

Project Address: _____

Project Folio No: _____

Fee Owner Name (Printed): _____

Services to be provided (select all that apply):

Plan Review Only Inspections Only Plan Review and Inspections

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Office Phone: _____ Fax: _____

PRIVATE PROVIDER QUALIFIER

Name of Qualifier: _____

Office Phone: _____ Cell Phone: _____

Email: _____



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ACKNOWLEDGMENT

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.

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 the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code plan review and/or inspection services with respect to the building or structure that is the subject of the enclosed permit application.

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.

Printed or Typed Name of Fee Owner of Property

Signature of Fee Owner of Property

NOTARY

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this _____ day of _____,

20____, by _____ (name of person making statement).

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public