



Private Provider  
Notice to Building Official to Change Private  
Provider or Services

Updated 7/17/2023

**GENERAL INFORMATION**

Changes to the originally approved Private Provider Firm or services shall be noticed to the Building Official within one business day after any change. Note that the new Private Provider firm and its Duly Authorized Representatives (DARs) must be duly registered with the City of Tampa in order for the change to be authorized.

City of Tampa Permit No: \_\_\_\_\_

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

Project Folio No: \_\_\_\_\_

Fee Owner Name (Printed): \_\_\_\_\_

**CHANGE REQUESTED** (select all that apply):

Change of Private Provider Firm to Alternate Private Provider Firm

Change of Services

Change from Private Provider Firm to City of Tampa

**EXISTING PRIVATE PROVIDER FIRM / QUALIFIER**

Name of Firm: \_\_\_\_\_

Name of Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NEW PRIVATE PROVIDER FIRM / QUALIFIER**

Name of Firm: \_\_\_\_\_

Name of Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# Notice to Building Official

## To Change Private Provider or Services

### CHANGE OF SERVICES

Original services provided (select all that apply):

- Plan Review Only
- Inspections Only
- Plan Review and Inspections

New services to be provided (select all that apply):

- No Change
- Plan Review Only
- Inspections Only
- Plan Review and Inspections

I, \_\_\_\_\_, the fee owner of the property referenced above, hereby affirm that I request the change of Private Provider and/or services as indicated above effective on \_\_\_\_\_.

\_\_\_\_\_  
Printed or Typed Name of Fee Owner of Property

\_\_\_\_\_  
Signature of Fee Owner of Property

AFFIX  
NOTARY  
SEAL

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

by \_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: \_\_\_\_\_