



PRIVATE PROVIDER REQUIREMENTS

General Information and Checklist

Rev. 10-01-2014

The use of Private Providers is authorized by Florida Statute 553.791 (Alternative Plans Review and Inspection). The City of Miami requires that only the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

Note: All private provider firms must be registered with the City of Miami.

Contact Debra Jones-Fagan by email at dfagan@ci.miami.fl.us for detailed registration requirements and to request a registration package.

To be submitted for Registration with the City of Miami:

- Form R.1--- Private Provider Registration
- Form R.2--- Employment affidavit for all Duly Authorized Representatives
- DBPR Certificate of Authorization for the firm.
- Professional licenses for all personnel regulated by Florida Statutes Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors).
- Certificate of professional liability insurance as required by FS 553.791(16).

To be submitted with each initial permit application:

Form A.1--- Notice to Building Official

This is the principal document required for the official election to use Private Provider services, and specifies which services are to be performed. This document must be accompanied by the Personnel Directory and Qualifications Statement (Form A.2) and the Certificate of Insurance (Form A.3), both listed below.

Form A.2--- Personnel Directory & Qualifications Statement

This document identifies all Private Providers and Duly Authorized Personnel to be used on the particular project, and includes their professional license numbers, resumes or qualification statements, and contact numbers.

Certificate of Insurance

This certificate is provided by the insurance carrier, and must be submitted at the time of each permit application. It is also submitted at the time of the initial registration. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the City of Miami as the certificate holder.



PRIVATE PROVIDER REQUIREMENTS, cont'd.

To be submitted as a prerequisite to the building permit:

Form B--- Plan Compliance Affidavit

This is required after the plans review is done by the Private Provider.

Job site documentation:

Form C.1--- Private Provider Job Site Identification Form

Form C.2--- Inspection Report

To be maintained at the job site, available at all times for verification by the building official.

To be submitted upon completion of the project:

Form D--- Official log of all completed inspections, organized by discipline.

Form E--- Certificate of Compliance/ Request for Certificate of Occupancy



Form A.1

NOTICE TO BUILDING OFFICIAL For the use of Private Provider

Florida Statutes §553.791(4)

Rev. 10-01-2014

Project Name / Address: _____

Plan number: _____ Phased Permit? Yes No

Project address: _____ Parcel tax ID: _____

Services to be provided (select one): Inspections only Plans Review and Inspections*

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

I, _____, the fee owner of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider (Qualifier for the Firm): _____

Florida License or Registration number: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

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 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.

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.

The following attachments are provided as required by Section 553.791, Florida Statutes:

1. Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to FS Section 553.791(16).

(Please notarize using the appropriate section below)

Individual By: _____ (signature) Print name: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Print Name _____ Notary public stamp: _____ My commission expires: _____

Corporation Print Corporation Name: _____ By: _____ (signature) Print name: _____ Its: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, on behalf of the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Notary Stamp: _____ Print Name _____

Partnership Print Partnership Name: _____ By: _____ (signature) Print name: _____ Its: _____ Address: _____ Telephone: _____ STATE OF _____ COUNTY OF _____ Before me, this ___ day of _____, 20____, personally appeared _____, partner/agent on behalf of the partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> Type of ID produced: _____ Signature of Notary: _____ Notary Stamp: _____ Print Name _____
--



Form A.2

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & Qualifications Statement

Florida Statutes § 553 791(4) Rev. 10-01-2014

Use one page for each Private Provider or Duly Authorized Representative.

Project Name & Address: _____

Permit Number: _____

Provider or Duly Authorized Representative:	
Email address:	
Telephone:	Fax:
Florida professional licenses:	
Company:	
Address:	
Type of Service Performed:	

Qualifications Statement (or attach Resume):



Form B

Private Provider

PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Rev. 10-01-2014

Project Name / Address: _____

Plan number: _____ Folio number: _____

Revision Shop Drawing Master permit number: _____

Private Provider Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider: _____

Florida License No. _____

Seal/Signature/Date

Name of person reviewing the plans (if applicable): _____

Florida License/Registration/Certification numbers: _____

Discipline and Plan Sheets covered by this affidavit: _____

Signature of reviewer: _____ Date: _____

SWORN AND SUBSCRIBED before me 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 _____ Print Name _____ Date _____

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: _____



Form C.1

PRIVATE PROVIDER JOB SITE DIRECTORY

Rev. 10-01-2014

Project Name & Address: _____

Permit Number: _____

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		



PRIVATE PROVIDER JOB SITE DIRECTORY, cont'd.

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		



Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives *FS §553.791(4) Rev. 10-01-2014*

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

Print name	Florida License no(s)	Discipline	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Private Provider Name: _____

Florida License No. _____

SWORN AND SUBSCRIBED before me 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.

Seal/Signature/Date

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires: _____