

POLICY TITLE: Alternate Plans Review and Inspection Policy		GROWTH MANAGEMENT POLICY NUMBER: 323GM	
		DATE ADOPTED: January 3, 2003	
		DATE OF LAST REVISION: May 15, 2008	
323.01	AUTHORITY: Florida	Statute (FS), Section 553.791	
323.02	SCOPE AND APPLICABILITY: This policy shall be used in administering the requirements of FS 553.791 as it pertains to the application for building permits when a fee owner of a building chooses to use a private provider to perform plans review and/or inspection services.		
323.03	POLICY STATEMENT: The Building Inspection Division (BID) shall allow the alternate plans review and/or inspection, pursuant to FS 553.791 and this policy.		
323.04	PROCEDURES:		
323.04.01	 Application: The application for building permit may be accepted once the appropriate fees have been paid and all of the following documentation, approvals and/or permits, have been provided: Completed Building Permit application form. Land Use Compliance Certificate. Environmental Permit, or the required simultaneous review form must be submitted. Two (2) sets of properly signed and sealed construction documents. One (1) properly signed and/or sealed State energy form and HVAC load calculation. One (1) properly signed and sealed soils report if required. Owner's Affidavit properly signed and notarized. 		
Division:		Department / Division Head Signature:	
Building Inspection Division			
		Ronnie L. Spooner, Building Official	



POLICY TITLE:	DEPARTMENT:	PAGE:		
Alternate Plans Review and Inspection Policy	Growth Management Department	Two (2)		
	 Notice of Intent to use a private provider on the form adopted by the Florida Building Commission (FBC), with all required attachments dealing with the private provider qualifications and insurance. Affidavit from the private provider who has performed the plans review to determine compliance with the applicable codes on the form adopted by the FBC. A form provided by the BID and signed by the owner indicating the approvals required prior to issuance of the building permit and stating that the owner understands that the review time allowed under FS 553.791 does not begin until all required approvals are obtained. 			
323.04.02	 Review Time: The thirty (30) day review period allowed under FS 553.791 shall not begin until the following approvals and/or permits, if required, are obtained in addition to those items required for the building permit application: Zoning Approval Fire Department Approval Environmental Permit Health Department Approval Electrical Utilities Approval. Water Department Cross Connection Approval Solid Waste Department Approval 			
323.04.03	Preliminary Review Meeting: Any applicant must schedule a meeting with the Building Official upon submitting an application for a permit for which a private provider is to be used. The meeting requirement may be waived at the discretion of the Building Official if the applicant has had previous experience with the process. The purpose of the meeting is to familiarize the applicant with the plans review and inspection process of the division, and to insure that the applicant understands the plans review and inspection requirements of FS 553.791. The meeting may be held prior to the submittal of the application.			



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323.04.04	Plans Review: The plans review process for the division shall be those plans using a private provider as any review. Any plan that cannot be reviewed wit constraints of FS 553.791 will continue to be re any deficiencies found will be required to be co issuance of the permit shall not deter the plan rev	other plans thin the time eviewed, and rrected. The
323.04.05	 Inspections: Notification: The BID shall be notified winspection is to be performed by the prive Notification shall include the type of inspection, the date the inspection will be do approximate time the inspection will be notification shall be done using the Inter Response System, Velocity Hall, or direct BID personnel. Inspection Records: Upon completing inspections at each applicable phase of the private provider shall record such inspection records shall reflect those required by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applicable codes of eaconstruction for which permitting be applied by the applied by the applicable codes of eaconstruction for which permitting be applied by the appli	the required construction, bections on a done. The ractive Voice contact with the required construction, bections on a ficial. These inspections ch phase of by a local
	enforcement agency is required. The priv before leaving the project site, shall completed inspection record, indicating pa the site. Records of all required and inspections shall be maintained at the build times and made available for review Building Official. The private provider shall local enforcement agency any condition the immediate threat to public safety and welfa	post each ass or fail, at d completed ding site at all by the local report to the hat poses an



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Review and Inspection Policy	Growth Management Department	Four (4)		
	BID Inspector Audit: The BID inspector every effort to inspect all work inspected to provider. The BID inspector shall r inspection made by the private provid PERMITS system indicating the priva- making the inspection and the results of the All inspection results of the private prov- maintained in the permit file and database.	by the private ecord every der into the ate provider ne inspection. ider shall be		
	 Electrical Releases: The BID Electric shall release the electrical power to the b review of the private provider's inspection the inspection to be in order. 	building upon		
	• Gas Meter Set: The BID Mechanical In be present for the gas meter set inspect the gas meter and turn on the gas. The g turned on if the BID Mechanical Insp satisfied that the appliances being conn compliance.	ion to unlock as will not be ector is not		
323.04.06	Certificate of Occupancy/Completion: The contractor shall, upon completion of the permitted work, submit a request for the Certificate of Occupancy (CO) or Certificate of Completion (CC). The request shall include a record of the inspections made and the certificate of compliance required by FS 553.791(11), on the form approved by the Building Official. The CO or CC shall be issued within 2 business days of receipt of the request and approval of all other approvals required by law. Any deficiencies shall be transmitted to the contractor within 2 business days of the request.			
323.05	ADMINISTRATION: This policy shall be adminis Building Inspection Division of the Growth Department	-		



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Alternate Plans		
Review and	Growth Management Department	Five (5)
Inspection		
Policy		
323.06	EFFECTIVE DATE: January 3, 2003	
323.07	ATTACHMENTS:	
	 Florida Building Commission – Notice to Building 	uilding
	Official of Use of Private Provider.	0
	 Florida Building Commission – Private 	e Provider
	Plan Compliance Affidavit.	
	 Building Inspection Division – Private Provi 	der
	Checklist and Acknowledgement.	-l
	 Building Inspection Division – Private Provi Inspection Record form. 	der
	 Building Inspection Division – Priva 	to Providor
	Certificate of Compliance.	le Flovidei
	 Building Inspection Division – Authorization Authorizing Contractor to Use Private Prov 	
Z:GMD POLICIES/3230	ЭМ	



PRIVATE PROVIDER CHECKLIST and ACKNOWLEDGEMENT

Project Name:

Project Address: _

Parcel ID:

- □ Notice to Building Official of use of private provider on form approved by the Florida Building Commission, properly signed and notarized.
- □ Private provider plan compliance affidavit on form approved by the Florida Building Commission. One form required for each reviewer involved in the plans review.
- □ The preliminary review meeting required by GM Policy 323.04.03 has been scheduled or the Building Official has waived the meeting requirement.
- □ All other submittals required for the building permit submittal have been provided.

I, ______, owner of the subject project understand that the building permit application is being accepted for review although all of the required approvals and permits have not been obtained. I further understand that the 30 day plan review period allowed by FS 553.791(6)(a) will not begin until all the required approvals and/or permits have been obtained and submitted. The following list indicates the approvals that have or have not been obtained:

Yes	No	Approval				
		Site plan approval				
		Zoning Approval				
		Environmental Permit				
		Fire Department Approval				
		Electrical Utilities Approval				
		Water Utilities Cross Connection Approval				
		Solid Waste Approval				
		Other:				

Print Name

Signature

STATE OF	COUNTY OF					
The foregoing instrument was acknowledged before me by						
Who is personally known to me or who has produced	1					
as identification and who did not take an oath.						
WITNESS my hand and official seal this	day of	A.D.,				
Signature of Notary	Print Name of	Notary				

Date



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Private Provider:		
Job Address:		
Permit #s: Building:	Electrical:	Mechanical:
Gas:	Plumbing:	Roofing:
To the best of my knowledge and outlined herein and inspected under r approved plans and the applicable performed by me or my authorized re	ny authority have been codes. I have attac	n completed in conformance with the
Print Name		Florida License/Registration No.
Signature		Date
STATE OF	COU	NTY OF
The foregoing instrument was acknow	vledged before me by	
Who is personally known to me or wh	no has produced	
as identification and who did not take	an oath.	
WITNESS my hand and official seal	this day of	A.D.,
Signature of Notary		Print Name of Notary

Notary Public Seal

State of Florida at Large



PRIVATE PROVIDER INSPECTION RECORD

Inspection Requests (850) 891-1800

TDD 711

Type Permit:	□ Building	□ Mechanical	🛛 Gas	Delumbing	□ Roofing
Permit No.:		 _ Contractor:			

Job Address:

Date	Type Inspection	IVR Code	Inspector/ Lic. No.	Approved/ Denied	Comments

Form # 9B-3.053-2002-01 Notice to Building Official of Use of Private Provider Effective January 20, 2003

Project Name:			
		Inspections	
	e, at his or her discretion, the	an review or private inspection services the Building the private provider be used for both services pursuant to	O
I		, th	e fee
owner, affirm I have entere indicated above.	d into a contract with the F	Private Provider indicated below to conduct the services	•
Private Provider Firm:			
Private Provider:			
Address:			
Telephone:		Fax:	
Email Address (Optional):			
Florida License, Registratio			

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 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 that is the subject of the enclosed permit application.

I understand 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 s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 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 is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

The following attachments are provided as required:

 Qualification statements and/or resumes of the private provider and all duly authorized representatives.
 Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual	Corporation	Partnership
	Print Corporation Name	Print Partnership Name
(signature) Print Name: Address: Telephone No.:	By:(signature) Print Name: Its:Address:	By:(signature) Print Name: Its: Address:
Please use appropriate notary block.	Telephone No	Telephone No.:
STATE OF COUNTY OF Individual 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.	Corporation Before me, this day of , 20, personally appeared of of , a corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	Partnership Before me, this day of, 20, personally appeared , partner/agent on behalf of , a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.
Personally known; or Produced identif	ication Type of identification produced	
Signature of Notary	Print Name	
Notary Public: NOTARY STAMP BELOW		
My commission expires:		

Form # 9B-3.053-2002-01 **Private Provider Plan Compliance Affidavit** Effective January 20, 2003

Private Provider Firm:	
Private Provider:	
Address:	
Phone:	——————————————————————————————————————
Email:	
reviewed for and are in compliane amendments to the Florida Buildi	T my knowledge and belief the plans submitted were ce with the Florida Building Code and all local ing Code by the following affiant, who is duly we pursuant to Section 553.791, Florida Statute and ertificate:
Name:	Plan Sheets:
Florida License/Registration/Cert	tification #(s) and description:
Signature of Reviewer:	
SWORN AND SUBSCRIBED be	efore me by
being personally known to me	or having produced as identification
that the foregoing is true and corr	and who being fully sworn and cautioned, state rect to the best of his/her knowledge or belief.
Signature of Notary	Print Name
Notary Public: NOTARY STAM	P BELOW

My commission expires:

Notice to Building Official Authorization for Contractor to Use a Private Provider 553.791(2)

Project Name:	
Parcel Tax ID:	
Ι	, the fee owner, affirm I
have entered into a contract with the Contractor indic the project indicated above.	cated below to provide the construction services for
Contractor Name:	
Address:	
Telephone: Fax:	
Email Address:	
Florida Contractor License #:	

I have authorized the contractor listed above to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 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. 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 that is the subject of the enclosed permit application.

I understand 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 s. 553.791, Florida Statutes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

Individual	Corporation	Partnership		
	Print Corporation Name	Print Partnership Name		
(signature) Print Name: Address: Telephone No.:	By:	By:		
Please use appropriate notary block.				
STATE OF	_			
Individual 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.	Corporation Before me, this day of , 20, personally appeared of of , a corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	Partnership Before me, this day of, 20, personally appeared , partner/agent on behalf of , a 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 identification produced				
Signature of Notary	Print Name			
Notary Public: NOTARY STAMP BELOW	V			

My commission expires: