



**DEPARTMENT OF COMMUNITY DEVELOPMENT
CUSTOMER SERVICE-PERMITTING DIVISION**

P.O. Box 150027
Cape Coral, FL 33915-0027
Tel. (239) 574-0546

PRIVATE PROVIDER USE ONLY

PERMIT# _____

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER (Valid for the life of the primary permit)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Pool	<input type="checkbox"/> Other _____
Site Address:		
Tax Parcel (STRAP) # or Folio ID #:		
Services to be provided by the Private Provider firm. <i>Check all that apply:</i>	<input type="checkbox"/> Plans Review	<input type="checkbox"/> Inspections
Note: If the notice applies to either private plan review, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.		
If private provider plan review is performed, all required inspections must also be performed by the private provider, as well. When the private provider sends notification/results to the City (electric 001 only), they send it to LCEC (MaintenanceSchedulers@lcec.gov) and copy the City (pprovider@capecoral.gov).		
I, _____, the fee owner, affirm I or my contractor have entered a contract with the Private Provider indicated below to conduct the services indicated above. This notice is valid for the life of the primary permit.		
Private Provider Firm:		
Private Provider Qualifier Name:		
Address:		
Phone:	Email:	
Florida License, Registration or Certificate #:		
Optional: _____ (initials)	I acknowledge this Notice to Building Official can be applied to subsequent permits associated with the primary permit for the above referenced Tax Parcel (STRAP) # or Folio ID #.	



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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 § 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 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 § 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, FEMA requirements, ordinance inspections or other codes.

The following attachments are provided as required:

1. Qualification statements and/or résumés of the private provider and all duly authorized representatives.
2. Proof of Insurance: A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services. Such insurance shall have minimum policy limits 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. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the architect or engineer must also maintain coverage for a minimum of 5 years after the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before



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providing building code inspection services within a local building official's jurisdiction, the private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.

Please select appropriate box below and complete:

Individual

Corporation

Partnership

Name (Corporation, if applicable):

Phone:

Address:

Signature:

(SIGNATURE MUST BE NOTARIZED)

STATE _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, on this _____ day of _____ 20 ____ by _____, who is personally known or produced _____ as identification.

NOTARY STAMP
HERE

Exp Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed Name of Notary Public: _____