



**Notice to Building Official of Use of Private Provider**

Project Name: \_\_\_\_\_

Parcel Tax ID/Strap Number: \_\_\_\_\_

Services to be provided:     Plans Review                       Inspections

*Note: If the fee owner elects to use a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.*

I \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Florida License, Registration or Certificate Number: \_\_\_\_\_

I elect to use one or more Private Providers for plan review and/or inspections under Section 553.791, Florida Statutes. I understand that the Building Official may not conduct plan reviews or inspections, except as permitted by law. These services will instead be performed by licensed professionals listed in this application.

I acknowledge that minimum insurance is required by law for Private Providers, but I have reviewed their qualifications and coverage and am satisfied they meet my needs. I agree to indemnify and hold harmless the Town, Building Official, and code enforcement personnel from any claims arising from the use of these providers.

I understand the Building Official retains authority to enforce the building code, conduct inspections, and review plans as allowed by law. I will notify the Building Department within 1 business day of any changes to the listed Private Provider or their scope of services. Private Provider services are limited to building code compliance and do not include fire, land use, environmental, or other code reviews.

**NOTE:**

*The Private Provider is limited to building code compliance and does not include review for fire code, land use, environmental, zoning, or other non-building code regulations.*

**FEMA Compliance:**

*Projects located within FEMA-designated Special Flood Hazard Areas (SFHAs) must comply with Town of Fort Myers Beach floodplain requirements. An Elevation Certificate must be submitted at both foundation and final construction stages, certified by a Florida-licensed surveyor or engineer, in accordance with FEMA guidelines.*

**Phased Inspection Requirement:**

*All inspections performed by a Private Provider must follow a clearly defined, pre-approved phased inspection schedule. Each phase must be fully documented, signed/sealed by the provider, and submitted to the Building*



Department within 2 business days of completion. Construction may not continue to the next phase until the previous inspection is officially approved.

FORM IS TO BE INCLUDED WITH INITIAL PERMIT APPLICATION SUBMITTAL FOR PLAN REVIEW, OR DISCOUNT WILL NOT BE APPLIED. THIS FORM MUST BE RECEIVED AT LEAST 2 DAYS PRIOR TO SCHEDULING ANY INSPECTIONS.

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(17), Florida Statute.

**Property Owner/Corp./Partnership:**

**Contractor:**

**Private Provider:**

**Owner/Corp/Partnership:**

\_\_\_\_\_  
(Owner/Corp/Partnership Signature)

\_\_\_\_\_  
(Qualifier Signature)

\_\_\_\_\_  
(Private Provider Signature)

\_\_\_\_\_  
(Owner/Corp/Partnership Print)

\_\_\_\_\_  
(Contractor's Name Print)

\_\_\_\_\_  
(Private Provider Print)

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared \_\_\_\_\_,  
as \_\_\_\_\_,  
who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared \_\_\_\_\_,  
as \_\_\_\_\_,  
who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared \_\_\_\_\_,  
as \_\_\_\_\_,  
who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Signature

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Notary Signature

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Notary Printed Name

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