

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: Building Inspection Division		Department / Division Head Signature:

Ronnie L. Spooner, Building Official



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	 Notice of Intent to use a private provider adopted by the Florida Building Commiwith all required attachments dealing with provider qualifications and insurance. Affidavit from the private provider who had the plans review to determine compliar applicable codes on the form adopted by the A form provided by the BID and signed a indicating the approvals required prior to the building permit and stating that understands that the review time allowed 553.791 does not begin until all required a obtained. 	ssion (FBC), the the private as performed nee with the nee FBC. by the owner issuance of the owner ed under FS approvals are
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 Official upon submitting an application for a perm private provider is to be used. The meeting requibe waived at the discretion of the Building Capplicant has had previous experience with the purpose of the meeting is to familiarize the appliplans review and inspection process of the divinsure that the applicant understands the plans inspection requirements of FS 553.791. The me held prior to the submittal of the application.	it for which a uirement may official if the process. The cant with the ision, and to a review and



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323.04.04	Plans Review: The plans review process for the division shall be the same for those plans using a private provider as any other plans review. Any plan that cannot be reviewed within the time constraints of FS 553.791 will continue to be reviewed, and any deficiencies found will be required to be corrected. The issuance of the permit shall not deter the plan review process.		
323.04.05	 Notification: The BID shall be notified winspection is to be performed by the prival Notification shall include the type of inspection, the date the inspection will be done, the date the inspection will be notification shall be done using the Interpretation of the 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 acceptable to the Building Off inspection records shall reflect those required by the applicable codes of eaconstruction for which permitting be enforcement agency is required. The private form leaving the project site, shall completed inspection record, indicating paths 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 to immediate threat to public safety and welfare. 	ate provider. Dection to be one, and the done. The ractive Voice contact with the required construction, pections on a licial. These inspections ch phase of by a local rate provider, post each ass or fail, at docompleted ding site at all by the local report to the hat poses an	



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	 BID Inspector Audit: The BID inspector every effort to inspect all work inspected by provider. The BID inspector shall respection made by the private provided PERMITS system indicating the private making the inspection and the results of the All inspection results of the private provided maintained in the permit file and database. Electrical Releases: The BID Electrical shall release the electrical power to the breview of the private provider's inspection the inspection to be in order. 	by the private ecord every der into the late provider le inspection. Ider shall be le late la
	 Gas Meter Set: The BID Mechanical In be present for the gas meter set inspecti the gas meter and turn on the gas. The ga turned on if the BID Mechanical Insp satisfied that the appliances being conn compliance. 	on to unlock as will not be ector is not
323.04.06	Certificate of Occupancy/Completion: The contractor shall, upon completion of the persubmit a request for the Certificate of Occupa Certificate of Completion (CC). The request sharecord of the inspections made and the compliance required by FS 553.791(11), on the for by the Building Official. The CO or CC shall be 2 business days of receipt of the request and another approvals required by law. Any deficient transmitted to the contractor within 2 business request.	ncy (CO) or pall include a certificate of the certificate of the certificate of the certificate of all certificates shall be
323.05	ADMINISTRATION: This policy shall be administ Building Inspection Division of the Growth Department	-



POLICY TITLE: Alternate Plans	DEPARTMENT:	PAGE:
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323.06	EFFECTIVE DATE: January 3, 2003	
323.07	 ATTACHMENTS: Florida Building Commission – Notice to Bu Official of Use of Private Provider. Florida Building Commission – Private Plan Compliance Affidavit. Building Inspection Division – Private Providence Prov	e Provider ider ider te Provider n from Owner

Z:GMD POLICIES/323GM



Notary Public Seal

State of Florida at Large

PRIVATE PROVIDER CHECKLIST and ACKNOWLEDGEMENT

Projec	t Name	:			
Projec	t Addre	ess:		Parcel 1	ID:
			ilding Official of use of pri properly signed and notarize		oved by the Florida Buildin
		-	rider plan compliance aff One form required for each		l by the Florida Buildin blans review.
			ary review meeting require	5	3 has been scheduled or th
	All ot	her sub	mittals required for the build	ding permit submittal have	been provided.
permit 553.79	ts have 91(6)(a)	not bee	en obtained. I further under	estand that the 30 day plan is ired approvals and/or perm	t project understand that the the required approvals and review period allowed by Fanits have been obtained and been obtained:
Γ	Yes	No	Approval		
			Site plan approval		
			Zoning Approval		
-			Environmental Permit		
			Fire Department Approva		
-			Electrical Utilities Appro		
_			Water Utilities Cross Cor Solid Waste Approval	inection Approvai	
_			Other:		
			Print Name		Date
			Signature		
STAT	E OF			COUNTY OF	
The fo	oregoing	g instru	ment was acknowledged be	fore me by	
Who i	s perso	nally kı	nown to me or who has prod	luced	
as idei	ntificati	on and	who did not take an oath.		
WITN	IESS m	y hand	and official seal this	day of	A.D.,
		Signati	ure of Notary		Print Name of Notary
		<i>5</i>	·		,



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 approved plans and the applicable performed by me or my authorized re	my authority codes. I h	have been nave attach	completed in conformance with the
Print Name			Florida License/Registration No.
Signature			Date
STATE OF		_ COUN	ГҮ ОF
The foregoing instrument was acknow	wledged befor	re me by _	
Who is personally known to me or wh	ho has produc	ced	
as identification and who did not take	e 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 1	Florida at Large		



PRIVATE PROVIDER INSPECTION RECORD

Inspection Requests (850) 891-1800 T D D 711

Type Perm	it: 🛘 Build	ding [Electrical	☐ Mechanical	☐ Gas	☐ Plumbing	\square Roofing
Permit No.	:			Contractor:			
Job Addres	ss:						
Date	Type Inspection	IVR Code	Inspector/ Lic. No.	Approved/ Denied	Comme	nts	

Form # 9B-3.053-2002-01 Notice to Building Official of Use of Private Provider

Effective January 20, 2003

Project Name:			
Parcel Tax ID:			
Services to be provided:	Plans Review	Inspections	
	e, at his or her discretion, the	an review or private inspection services the the private provider be used for both services	•
I			, the 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, Registration			

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:

- 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 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)	By:(signature)	By:(signature)
Print	Print	Print
Name:	Name:	Name:
Address:	Its:	Its:
rudicss	Address:	Address:
Telephone		ridaress.
No.:		
	Telephone	Telephone
	No	No.:
Please use appropriate notary block.		
STATE OF		
COUNTY OF		
Individual	Corporation	Partnership
Before me, this day of	Before me, this day of	Before me, this day
, 20, personally	, 20,	of, 20,
appeared	personally appeared	personally appeared
who executed the foregoing instrument,	of	partner/agent on behalf of
and acknowledged before me that same	, a	partner/agent on behalf of
was executed for the purposes therein	corporation, on	
expressed.	behalf of the state corporation, who	a partnership , who executed the
	executed the foregoing instrument and acknowledged before me that same was	foregoing instrument and acknowledged before me that same
	executed for the purposes therein	was executed for the purposes therein
	expressed.	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:	Fax:
Email:	
reviewed for and are in compliance amendments to the Florida Buildin	my knowledge and belief the plans submitted were with the Florida Building Code and all local g Code by the following affiant, who is duly pursuant to Section 553.791, Florida Statute and rtificate:
Name:	Plan Sheets:
Florida License/Registration/Certif	fication #(s) and description:
Signature of Reviewer:	
	Fore me by or having produced as identification and who being fully sworn and cautioned, state ct to the best of his/her knowledge or belief.
Signature of Notary	Print Name
Notary Public: NOTARY STAMP	BELOW
My commission expires:	

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

Project Name:
Parcel Tax ID:
I
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	By: (signature) Print Name: Its: Address:	By:
No.:	Telephone No	Telephone No.:
Please use appropriate notary block. 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, a, a torporation, on behalf of the state corporation, who executed the foregoing instrument and	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.	acknowledged before me that same was executed for the purposes therein expressed.
Personally known; or Produced ide	entification Type of identification prod	uced
Signature of Notary	Print Name	
Notary Public: NOTARY STAMP BELO	W	

My commission expires: