



City of Jacksonville – Building Inspection Division
Planning and Development Department

NOTICE TO BUILDING OFFICIAL
OF USE OF PRIVATE PROVIDER

OFFICIAL USE ONLY

Received Date: _____

Received By: _____

Route to Quality Assurance Office

PRIVATE PROVIDER CONTACT INFORMATION

Services to be provided:

- Plan Review
- Inspections (Foundation/Slab) Inspections (Above Slab)
- Inspections (Mechanical) Inspections (Electrical)
- Inspections (Plumbing) Inspections (Complete Permit)

NOTE: Private Provider to perform all inspections in the category selected.

Name of Firm: _____

Primary Contact: _____

Phone#: _____

CONTRACTOR CONTACT INFORMATION

Primary Contact: _____

Position: _____

Phone#: _____

Secondary Contact: _____

Position: _____

Phone#: _____

OWNER & PROJECT INFORMATION

Permit Number: _____

Residential

Commercial

Address: _____

Property Owner: _____

Individual

Corporation

Partnership

Primary Contact: _____ Phone#: _____

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.

I attest this information is true and accurate to the best of my Knowledge.

NOTARY AS TO OWNER

Before me this _____ day of _____, 20 _____,

Personally appeared _____

Who executed the foregoing instrument, and acknowledged before me the same was executed for the purposes therein expressed.

Type of ID produced: _____

Notary (Signature): _____

Printed Name: _____

My Commission Expires: _____

Property Owner Signature Owner Authorized Agent

Print Name

Date