

TO: ALL COUNTY BUILDING DIVISION PERSONNEL
FROM: DOUG WISE, BUILDING DIVISION DIRECTOR
PREPARED BY: MICHAEL GAUGER
SUBJECT: USE OF PRIVATE PROVIDERS FOR PLAN REVIEW AND/OR INSPECTIONS
PPM#: PBO-115

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<u>ISSUE DATE</u>	<u>EFFECTIVE DATE</u>
10/31/2024	10/31/2024

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PURPOSE:

To establish guidelines when a fee owner or fee owner's contractor of proposed buildings elects plan review and/or inspections by private providers as authorized by Florida Statute 553.791

UPDATES:

Future updates to this PPM are the responsibility of the Director of the Building Division, Deputy Building Official, Assistant Deputy Building Official, and Building Division Coordinator, under the authority of the Director of the Building Division.

AUTHORITY:

Section 553.791 Florida Statutes
Palm Beach County Amendments to the Florida Building Code

POLICY:

The Building Division will adhere to the regulations and protocols outlined in Section 553.791 of the Florida Statutes, ensuring compliance with state laws and promoting safety and accountability in all building practices.

Attachments:

Private Provider Plan Compliance Affidavit
Notice to Building Official of Use of Private Provider



DOUG WISE, CBO
BUILDING DIVISION DIRECTOR

Supersession History:

1. PPM# PBO-115, issued 03/17/03
2. PPM# PBO-115, issued 04/22/03
3. PPM# PBO-115, issued 04/24/03
4. PPM# PBO-115, issued 05/30/08
5. PPM# PBO-115, issued 04/23/12
6. PPM# PBO-115, issued 10/31/24



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider Qualifier: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

In accordance with Florida Statute §553.791 Section (6) pertaining to Private Provider Services, I hereby certify that to the best of my knowledge and belief, the plans submitted were reviewed for, and are in compliance with, The Florida Building Codes and all local amendments to the Florida Building Codes by the following affiant, who is duly authorized to perform plans review pursuant to § 553.791, Florida Statute and holds the appropriate license or certificate.

The plans comply with the applicable codes:

Signature of Private Provider: _____

Reviewer Name: _____

Florida License Number: _____

Project Name/Address: _____

Plan Sheets: _____

STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared, _____,

who executed the foregoing instrument and acknowledged that same was executed for the purposes therein expressed.

He/she is _____ personally known or _____ produced Identification. Type of ID _____

Signature of Notary

Notary Stamp/Seal

*Building Code Administrator under part XII of Florida Statutes Chapter 468, Engineer under Florida Statutes § 471, or Architect under Florida Statutes § Chapter 481



Notice to Building Official of Use of Private Provider

Project Name: _____

Project Address: _____ City: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____

Note: If the notice applies to either private plan review or private inspection services 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.

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: _____ Fax: _____

Email Address (Optional): _____

Florida License, Registration or Certificate #: _____

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 provide 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

Name

(signature)

Print
Name: _____
Address: _____

Telephone
No.: _____

Corporation

Print Corporation Name

By: _____
(signature)

Print
Name: _____
Its: _____
Address: _____

Telephone
No. _____

Partnership

Print Partnership Name

By: _____
(signature)

Print
Name: _____
Its: _____
Address: _____

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. personally appeared.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ 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

My commission expires: _____