



CITY OF
TALLAHASSEE

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

Project Name: _____

Parcel Tax ID: _____

I _____, the fee owner, affirm I have entered into a contract with the Contractor indicated below to provide the construction services for the project indicated above.

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

(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.

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: