



Owner's checklist for Private Provider Inspections and/or Plans
Review per FSS 553.791

INFORMATION

Owners Name
Owner's Telephone Number
Owner's Email Address
Address of Project
Parcel Number
Permit Number
Private Provider
Building Contractor

CHECKLIST

- Private Provider performing Plans Review
Private Provider Performing All Required Inspections
Owner or Contractor Has signed Written Contract With Private Provider
Owner Has Signed Form 9B-3.053-2002-01

Owners Signature _____ Date _____

SWORN AND SUBSCRIBED before me by _____

being personally know to me _____ or having produced _____ as identification and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires: _____



Contractors checklist for Private Provider Inspections and/or Plans Review per FSS 553.791

INFORMATION

Permit Number _____

Address of Project _____

Parcel Number _____

Building Contractor _____

Contractor License No. _____

Private Provider _____

Private Provider License No. _____

CHECKLIST

- Private Provider performing Plans Review
 - Private Provider Performing All Required Inspections
 - Owner or Contractor Has signed Written Contract With Private Provider
- Owner Has Signed Form 9B-3.053-2005-01.
- Owner of a building or structure, or the fee owner's contractor upon written authorization from the fee owner, may choose to use a private provider to provide building code inspection services
- All such services shall be the subject of a written contract between the private provider, or the private provider's firm, and the fee owner or the fee owner's contractor
- This notice shall include the following information:
- (c) An acknowledgment from the fee owner in substantially the following form:
- (see form 9B-3.053-2002-01)

I, as contractor for the above noted project, understand that any contractual or legal obligations are not relieved by any action or inaction of the private provider. I understand that the Building Official must be provided with date and approximate times of inspections no later than 2PM the day prior to the inspection. I understand that inspection reports must remain posted at the jobsite. I understand that at completion of the project, a copy of the completed inspection report must be presented to the building official within 2 days of completion. I understand that the building official must be presented with a certificate of compliance completed by the private provider prior to issuance of a certificate of occupancy or certificate of completion.

Contractors Signature _____ Date _____



HOLD HARMLESS/INDEMNITY FOR REQUESTED PRIVATE PROVIDER

RE: PROPERTY LOCATED AT: _____, Bay County, Florida

GENTLEMEN:

As legal Owner and/or Private Provider of referenced property, I request to be assigned as Private Provider for Permit Number _____ issued to _____

(check one or both)

() PERFORMANCE OF PLANS REVIEW

() PERFORMANCE OF INSPECTIONS

We/I _____ (name of authorized person or entity shall indemnify and hold harmless BAY COUNTY, FLORIDA, and its officers, agents, and employees (including the Building Official), from any and all claims, costs, losses, suits and damages (including, but not limited to, attorney's fees and other professionals and all court or other disputed resolution costs, liabilities, expenditures, or causes of action of any kind), loss, or damage to BAY COUNTY, FLORIDA, and its said employees, officers and agents may suffer as a result of claims, demands, costs and judgments against it arising from, or pertaining to the above request.

I further assume full responsibility for any or all corrections, if required, or work performed under the above-mentioned request.

DATED the _____ day of _____ 2__

DATED the _____ day of _____ 2__

Owner Name

Private Provider Corporation

Signature of Owner

Signature of Private Provider

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, appeared _____ individually, or as Private Provider or Owner of _____ who is personally know to me _____ or having produced _____ as identification and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: _____



Private Provider Plan Compliance Affidavit

Private Provider: _____

Address: _____

Phone _____ Fax: _____

Email: _____

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 Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ Plan Sheets Reviewed: _____

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____

being personally know to me _____ or having produced _____ as identification and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: _____



Private Provider Certificate of Compliance

Private Provider: _____

Job Address: _____

Permit Number:

Building _____ Electrical _____ Mechanical _____

Gas _____ Plumbing _____ Roofing _____

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes. I have attached a summary of all inspections performed by me or my authorized representatives.

Print Name

Florida License/Registration No

Signature

Date

SWORN AND SUBSCRIBED before me by _____

being personally know to me _____ or having produced _____ as identification and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: _____