



GROWTH MANAGEMENT DEPARTMENT POLICY

<p>POLICY TITLE: Alternate Plans Review and Inspection Policy</p>	<p>GROWTH MANAGEMENT POLICY NUMBER: 323GM</p> <p>DATE ADOPTED: January 3, 2003</p> <p>DATE OF LAST REVISION: May 15, 2008</p>
<p>323.01</p> <p>323.02</p> <p>323.03</p> <p>323.04</p> <p>323.04.01</p>	<p>AUTHORITY: Florida Statute (FS), Section 553.791</p> <p>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.</p> <p>POLICY STATEMENT: The Building Inspection Division (BID) shall allow the alternate plans review and/or inspection, pursuant to FS 553.791 and this policy.</p> <p>PROCEDURES:</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Owner's Affidavit properly signed and notarized.</p>
<p>Division:</p> <p>Building Inspection Division</p>	<p>Department / Division Head Signature:</p> <p>Ronnie L. Spooner, Building Official</p>



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<p>323.04.02</p>	<ul style="list-style-type: none"> • Notice of Intent to use a private provider on the form adopted by the Florida Building Commission (FBC), with all required attachments dealing with the private provider qualifications and insurance. • Affidavit from the private provider who has performed the plans review to determine compliance with the applicable codes on the form adopted by the FBC. • A form provided by the BID and signed by the owner indicating the approvals required prior to issuance of the building permit and stating that the owner understands that the review time allowed under FS 553.791 does not begin until all required approvals are obtained. <p>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:</p> <ul style="list-style-type: none"> • Zoning Approval • Fire Department Approval • Environmental Permit • Health Department Approval • Electrical Utilities Approval. • Water Department Cross Connection Approval • Solid Waste Department Approval 	
<p>323.04.03</p>	<p>Preliminary Review Meeting: Any applicant must schedule a meeting with the Building Official upon submitting an application for a permit for which a private provider is to be used. The meeting requirement may be waived at the discretion of the Building Official if the applicant has had previous experience with the process. The purpose of the meeting is to familiarize the applicant with the plans review and inspection process of the division, and to insure that the applicant understands the plans review and inspection requirements of FS 553.791. The meeting may be held prior to the submittal of the application.</p>	



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<p>POLICY TITLE: Alternate Plans Review and Inspection Policy</p>	<p align="center">DEPARTMENT: Growth Management Department</p>	<p align="center">PAGE: Five (5)</p>
<p>323.06 323.07</p>	<p>EFFECTIVE DATE: January 3, 2003</p> <p>ATTACHMENTS:</p> <ul style="list-style-type: none"> • Florida Building Commission – Notice to Building Official of Use of Private Provider. • Florida Building Commission – Private Provider Plan Compliance Affidavit. • Building Inspection Division – Private Provider Checklist and Acknowledgement. • Building Inspection Division – Private Provider Inspection Record form. • Building Inspection Division – Private Provider Certificate of Compliance. • Building Inspection Division – Authorization from Owner Authorizing Contractor to Use Private Provider. 	

Z:GMD POLICIES/323GM



**PRIVATE PROVIDER
CHECKLIST and ACKNOWLEDGEMENT**

Project Name: _____

Project Address: _____ Parcel ID: _____

- Notice to Building Official of use of private provider on form approved by the Florida Building Commission, properly signed and notarized.
- Private provider plan compliance affidavit on form approved by the Florida Building Commission. One form required for each reviewer involved in the plans review.
- The preliminary review meeting required by GM Policy 323.04.03 has been scheduled or the Building Official has waived the meeting requirement.
- All other submittals required for the building permit submittal have been provided.

I, _____, owner of the subject project understand that the building permit application is being accepted for review although all of the required approvals and permits have not been obtained. I further understand that the 30 day plan review period allowed by FS 553.791(6)(a) will not begin until all the required approvals and/or permits have been obtained and submitted. The following list indicates the approvals that have or have not been obtained:

Yes	No	Approval
		Site plan approval
		Zoning Approval
		Environmental Permit
		Fire Department Approval
		Electrical Utilities Approval
		Water Utilities Cross Connection Approval
		Solid Waste Approval
		Other:

Print Name

Date

Signature

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by _____

Who is personally known to me or who has produced _____

as identification and who did not take 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 Florida at Large



**PRIVATE PROVIDER
CERTIFICATE OF COMPLIANCE**

Private Provider: _____

Job Address: _____

Permit #s: 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

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by _____

Who is personally known to me or who has produced _____

as identification and who did not take 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 Florida at Large



PRIVATE PROVIDER INSPECTION RECORD

Inspection Requests (850) 891-1800

T D D 711

Type Permit: Building Electrical Mechanical Gas Plumbing Roofing

Permit No.: _____ Contractor: _____

Job Address: _____

Date	Type Inspection	IVR Code	Inspector/ Lic. No.	Approved/ Denied	Comments

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 _____

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 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

 (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:

Form # 9B-3.053-2002-01
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: _____

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: _____

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

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
being personally known 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:

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: