

## PRIVATE PROVIDER

### SUBMITTAL REQUIREMENTS CHECKLIST

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**Florida State Statute 553.791** (Alternative Plans Review and Inspection) authorizes a fee owner to elect the use of a Private Provider for plans review and/or required building inspection services. It covers the rights and responsibilities of the fee owner, the Private Provider, and the local Building Official/Building Code Enforcement Agency.

**IMPORTANT:** Pasco County Building Construction Services is unique among its contemporaries in that the plans review and inspection processes include not only the building and trade disciplines governed by the Florida Building Code, but also zoning, site and fire components under other codes or local ordinances. As such, Pasco County will continue to conduct plans review and inspections on all elements not regulated by the FBC.

### PROJECT SUBMITTAL PACKET

#### Documentation required with building permit application submittal\*

- Notice to Building Official - Principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of plan review and/or inspections. This Notice includes Private Provider primary contact information for permit.
- DAR Project Personnel List - Document identifies all of the Private Provider's Duly Authorized Representatives (DAR) who will be utilized on a specific project. It shall contain the name(s), Florida license number(s) and discipline(s).
- Plans Compliance Affidavit (required only if Private Provider is handling plan review) - Principal document used to confirm that the Private Provider has performed the required plans reviews and has approved those plans for code compliance under the allowable scope per FS 553.791. The submission of an executed affidavit and a copy of the approved set of building plans is a pre-requisite to the issuance of a permit. Note that this form is required for each submittal and if applicable, each resubmittal (response to corrective comments), and revisions (changes to scope of work).
- Construction documents being submitted as part of the private provider packet shall have a stamp or notice of review of the private provider on each page of all submitted drawings.



# Building Construction Services

## NOTICE TO BUILDING OFFICAL OF USE OF PRIVATE PROVIDER

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Pasco County Permit No: \_\_\_\_\_

Project Address: \_\_\_\_\_

Fee Owner Name(Printed): \_\_\_\_\_

Services to be provided (select all that apply):

- Plan Review Only     Inspections Only     Plan Review and Inspections

### PRIVATE PROVIDER FIRM

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PRIVATE PROVIDER QUALIFIER

Name of Qualifier: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTACT INFORMATION

Point of Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

### ACKNOWLEDGMENT

I, \_\_\_\_\_, have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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 the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code plan review and/or inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

\_\_\_\_\_  
Printed or Typed Name of Fee Owner of Property

\_\_\_\_\_  
Signature of Fee Owner of Property

### NOTARY

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Printed or Typed Name of Notary Public



# Building Construction Services

## DULY AUTHORIZED REPRESENTATIVE (DAR)

### Project Personnel List

The law requires that all Duly Authorized Representatives (DAR) are employees of the Private Provider firm and as such, entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

Pasco County Permit No.: \_\_\_\_\_

Project Address: \_\_\_\_\_

Private Provider Firm (Printed): \_\_\_\_\_

\*Please submit additional sheet if more space is needed to list all DARs for this project\*

Name (Printed)	FL License No(s)	Discipline

## PRIVATE PROVIDER

### Plans Compliance Affidavit

Pasco County Permit No.: \_\_\_\_\_

Project Address: \_\_\_\_\_

Private Provider Firm: \_\_\_\_\_ License No.: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Select all that apply:

- Construction Plans     Resubmittals (Response to deficiencies)     Revisions (changes to original scope)

I HEREBY CERTIFY that to the best of my knowledge and belief, the documents submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

\_\_\_\_\_  
Printed or Typed Name of Private Provider

\_\_\_\_\_  
Signature of Private Provider

#### NOTARY

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Printed or Typed Name of Notary Public