

PRIVATE PROVIDER
SUBMITTAL REQUIREMENTS CHECKLIST

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.

**NOTICE TO BUILDING OFFICIAL
OF USE OF PRIVATE PROVIDER**

Pasco County Permit No: _____

Project Address: _____

Fee Owner/Fee Owner's Contractor Name (Printed): _____

Services to be provided (select all that apply): _____

Inspections Only

Plan Review and Inspections

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Office Phone: _____

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/
Fee Owner's Contractor

Signature of Fee Owner of Property/
Fee Owner's Contractor

PRIVATE PROVIDER
PLANS COMPLIANCE AFFIDAVIT

Pasco County Permit #:

Project Address: _____

Private Provider Firm: License #: _____

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

STATE OF FLORIDA
COUNTY OF PASCO

Stamp and Seal

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this _____, by _____ who is personally known to me or who has produced _____ as identification.

Notary Signature: _____

Name Printed: _____