



City of Crystal River

123 Northwest Highway 19
Crystal River, Florida 34428
Telephone: (352) 795-4216
Facsimile: (352) 795-6351

Private Provider
Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider (Property Owner Name):

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 Statutes 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 an 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:
My Commission Expires:

JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM

PROVIDER NO. 1	
Primary Contact:	
Email Address:	
Phone #:	
Fax #:	
License #:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit #:	
Type of Business Being Performed:	
Insurance Policy #:	
Signed By: _____ Provider	

PROVIDER NO. 2	
Primary Contact:	
Email Address:	
Phone #:	
Fax #:	
License #:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit #:	
Type of Business Being Performed:	
Insurance Policy #:	
Signed By: _____ Provider	

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

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 Statutes.

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: _____

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 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

Corporation

Partnership

_____	_____	_____
(signature)	Print Corp. Name	Print Part. Name
_____	_____	_____
(signature)	(signature)	(signature)
Print	Print	Print
Name: _____	Name: _____	Name: _____
Address: _____	Its: _____	Its: _____
_____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____

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 _____ **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 _____ **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

_____.

Notary Public:

My Commission Expires: