INDIAN CREEK VILLAGE

CERTIFICATE OF COMPLIANCE PRIVATE PROVIDER

Florida Statutes §553.791

Project Name / Address: _____

Plan number: _____ Folio number: _____

Private Provider Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved plans and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

□ Certificate of Occupancy
□ Certificate of Completion
□ Temporary Certificate of Occupancy
□ Temporary Certificate of Completion

Respectfully submitted,

Private Provider Name: _____Florida License No.: _____

Seal/Signature/Date

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 ____, personally appeared _____, being personally known to me ( ) or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____
Notary Public Stamp: My Commission Expires:

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the
Miami-Dade County Alternative Plan Review and Inspection Registration Program.

I _____the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:
(List individually; use a second form if necessary)

Print Name	License Number(s)	Trade Category	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

SIGNATURE OF THE PRIVATE PROVIDER_____

PRIVATE PROVIDER FIRM_____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of ❑physical presence OR

❑online notarizations this_____day of _____, 20_____,

by_____Signature of Notary Public_____

Print Name_____

Personally known_____ (SEAL)

or Produced Identification_____

RESET

Fee Owner's Authorization to Building Official for Use of Private Provider Form

(Based on authorization requirements of 553.791(2)(a) F.S.)

(This form must be used when fee owner does not sign the Notice to Building Official Form)

Project Name: _____

Folio No.: _____

Services to be provided by private provider: ☐ Plan Reviews ☐ 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 and subject to duly adopted local policy, the private provider be used for both services pursuant to Section 553.791(2)(a) Florida Statute.

I_____, the fee owner, affirm I have authorized my contractor to enter into a contract on my behalf 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 #: _____

Furthermore, I affirm that 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 contractor's 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

my contractor makes any changes to the listed private providers or the services to be provided by those private providers, he/she shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the 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 prevention, firesafety, land use, environmental or other codes.

(Please sign only one of the following entities:)

Individual **OR;**

_____
(signature)
Print
Name:_____
Address:_____
_____
Telephone
No.:_____

Corporation **OR;**

_____
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 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 expressed.

Personally known ____; or Produced identification _____ Type of identification produced _____

Signature of Notary _____ Print Name _____

Notary Public:

My commission expires:

Private Provider Inspection Form

Permit #: _____	Inspection Date: _____
Site Address: _____	Inspection Report #: _____
Owner Name: _____	Contractor: _____
Private Provider: _____	Inspection Date: _____

Inspection Code: _____

Description: _____

Inspection Result: _____

Passed ____ Partial Pass ____ Failed ____ Canceled ____ Not Required ____

Comments: _____

_____

_____

_____

I hereby certify that the above-referenced inspection has been completed and is in conformance with the approved plans and the applicable codes.

BY: _____ License #: _____
(Print Name)

Signature: _____ Date: _____

Note: In accordance with section 553.791, Florida Statutes, the inspection form must bear the written or electronic signature of the of the private provider or the private provider's duly authorized representative.

Village of Indian Creek
Job Site Directory
Private Provider

Project name & address: _____

Permit number: _____

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		

Address:
Type of Service Performed:
Insurance Policy:

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Provider or Duly Authorized Representative:		
Email:	Telephone:	Fax:
Florida professional licenses:		
Company:		
Address:		
Type of Service Performed:		
Insurance Policy:		

Form # 61G20-2.005-2002-01

Notice to Building Official of Use of Private Provider

Effective January 1, 2025

61G20-2.005, F.A.C.

Project Name: _____

Parcel Tax ID: _____

Services to be provided: ☐ Plans Review ☐ Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I_____, the

☐ fee owner / ☐ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone:_____

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 or structure 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 or structure 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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

_____
Print name

_____
Address (line 1)

_____
Address (line 2)

_____
Telephone Number

_____
Email Address

_____
Signature Date

Corporation

_____
Print name

_____
Representative name

_____
Address (line 1)

_____
Address (line 2)

_____
Telephone Number

_____
Email Address

_____
Signature Date

Private Provider
Plan Compliance Affidavit

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:

Project Name: _____

Project Address: _____

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

Name of Reviewer: _____ _____

Signature of Reviewer: _____

State of: FLORIDA
County of: MIAMI-DADE

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 ___, personally appeared _____, being personally known to me ( ) or having produced as identification _____ _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

_____ _____

Signature of Notary Print Name

Notary Public: NOTARY STAMP BELOW
My commission expires:

Plan number: _____

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SWORN AND SUBSCRIBED before me by _____, being personally known to me ( ) or having produced as identification_____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

_____

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP BELOW My Commission Expires: _____

Village of Indian Creek
Registration
Private Provider

Florida Statutes §553.791(15) (b)

Please submit all of the following documents:

1. Certificate of Insurance must be sent directly from your insurance company to the Village of Indian Creek.
2. Copy of current Florida license for the business entity (Certificate of Authorization).
3. Copy of Florida licenses for all Private Providers.
4. Resume for Qualifier and all Private Providers.
5. Occupational license.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the Village of Indian Creek as the certificate holder.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: _____Signature: _____
Home Address: _____
Home Telephone: _____ Alternate Telephone: _____

State of: FLORIDA
County of: MIAMI-DADE

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 ___, personally appeared _____, being personally known to me ( ) or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____

Notary Public Stamp: My Commission Expires: