



TOWN OF JUPITER BUILDING DEPARTMENT
 210 Military Trail
 Jupiter, Florida 33458
 (561) 741-2286 ♦ Fax 741-0911

Notice to Building Official of Use of Private Provider

Project Name: _____ Permit Number _____

Parcel Tax ID _____

Services to be provided: Plan 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: _____ Fax: _____

Private Provider _____

Address: _____

Telephone: _____ Cell _____ Email _____

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 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 copy of licenses 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 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.

Corporation/Partnership

Print Corporation/Partnership Name

By:

Print Name:

Its:

Address:

Telephone No.:

STATE OF _____

COUNTY OF _____

Before me, this _____ day of _____, 20____ personally appeared _____ of _____

Corporation/Partnership, on behalf of the state corporation/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:

2/07/18



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JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM

PROVIDER NO. 1	
Primary Contact:	
Email Address:	
Telephone Number:	
Fax Number:	
License Number:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit Number:	
Type of Service Being Performed:	
Insurance Policy Number:	
Signed by _____ Provider	

PROVIDER NO. 2	
Primary Contact:	
Email Address:	
Telephone Number:	
Fax Number:	
License Number:	
Company:	
Address:	
Job Address:	
Specific project on job site:	
Permit Number:	
Type of Service Being Performed:	
Insurance Policy Number:	
Signed by _____ Provider	

2/07/18