



Notice to Building Official of Use of Private Provider
Town of Jupiter Building Department
210 Military Trail
Jupiter, Florida 33458
(561) 741-2286

Project Name: _____

Address: _____ Parcel Tax ID (PCN): _____

Services to be provided: Inspections Only Plan Review and Inspections

When performing private provider plan review, all required inspections must also be conducted by the private provider, in accordance with statute 553.791(2)(a), Florida Statutes.

Power Releases: For all electrical service and power release inspections, notification to FP&L will **only** be made by the Town of Jupiter, once inspection result is received. Please send results to Building@jupiter.fl.us and EllisB@jupiter.fl.us.

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, fire safety, 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:

Corporation:

Print Name

Print Name

Address (line 1)

Representatives Name

Address (line 2)

Address (line 1)

Telephone Number

Address (line 2)

Email Address

Telephone Number

Signature

Date

Email Address

Signature

Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF FLORIDA, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: (CHECK ONE) PERSONALLY KNOWN TO ME _____ PRODUCED I.D. _____

TYPE OF ID PRODUCED, IF APPLICABLE _____

SIGN: _____

PRINT: _____

PUBLIC SEAL



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Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____ License#: _____

Address: _____

Phone: _____ Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed 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:

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

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Duly Authorized Agents Affidavit

This affidavit is required pursuant to the Town of Jupiter Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (17) (b).

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive reemployment benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVE (DAR):

Note: Submit resumes of each DAR and copies of their licenses. Submit a separate form for each employee.

Permit Number: _____

Project Address: _____

Private Provider Firm (Printed): _____

DAR Name (Printed): _____

Office Phone: _____ Cell Phone: _____

Email: _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Signature of Private Provider: _____

Type of service(s) to be performed by named DAR (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Plan Review Service | <input type="checkbox"/> Inspection Service |
| <input type="checkbox"/> Building | <input type="checkbox"/> Building |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing/Gas | <input type="checkbox"/> Plumbing/Gas |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

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SIGN: _____

PRINT: _____

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